



Durham E-Theses

A Philosophical Critique of Existential Psychotherapy

Chung, Man Cheung

How to cite:

Chung, Man Cheung (2008) *A Philosophical Critique of Existential Psychotherapy*, Durham theses, Durham University. Available at Durham E-Theses Online: <http://etheses.dur.ac.uk/1334/>

Use policy

The full-text may be used and/or reproduced, and given to third parties in any format or medium, without prior permission or charge, for personal research or study, educational, or not-for-profit purposes provided that:

- a full bibliographic reference is made to the original source
- a [link](#) is made to the metadata record in Durham E-Theses
- the full-text is not changed in any way

The full-text must not be sold in any format or medium without the formal permission of the copyright holders.

Please consult the [full Durham E-Theses policy](#) for further details.

A Philosophical Critique of Existential Psychotherapy

A Thesis Submitted to the Department of Philosophy
of the University of Durham for
the Degree of Doctor of Philosophy

By

Man Cheung Chung
B.A., PhD (Psychology)

The copyright of this thesis rests with the author or the university to which it was submitted. No quotation from it, or information derived from it may be published without the prior written consent of the author or university, and any information derived from it should be acknowledged.

13 NOV 2008

2008



Contents

Acknowledgement 1

Abstract 2

Chapter 1 Introduction 4

1.1 Limit of the investigation and terms of reference and clarification 4

1.2 The chapters 9

Chapter 2 What is Existential Psychotherapy? 10

2.1 Cooper's claim and the British School of Existential Psychotherapy 11

2.2 Viktor Frankl's techniques 22

2.3 Gestalt therapeutic techniques 32

2.4 One consequence of holding onto Cooper's claim 50

2.5 Does this consequence need to arise? 54

2.6 A contradiction 59

2.7 Summary 78

**Chapter 3 Existential Psychotherapy, Cognitive-Behavioural Therapy
and Multimodal Therapy: A Possible Integration?** 84

3.1. A brief description of cognitive-behavioural therapy 88

3.2 Distorted or maladaptive beliefs and schemas 90

3.3 Therapeutic relationship 93

3.4 Examining current subjective experience 101

3.5 Increasing self-awareness 108

- 3.6 Helping clients to stand alone or realize their existential isolation 116
- 3.7 Existential psychotherapy and multimodal therapy 121
- 3.8 Some claims for the possible paradigm: existential psychotherapy and multimodal therapy 124
- 3.9 Remarks on the above claims 125
- 3.10 Final remarks and summary 133

Chapter 4 Existential Psychotherapy and Psychoanalytic Psychotherapy:

Interpretation and Transference 141

- 4.1 Analytic vs descriptive interpretations 144
- 4.2 Searching for hidden or latent materials for both existential psychotherapists and Psychoanalytic psychotherapists 148
- 4.3 Some passing remarks 154
- 4.4 Superior knowledge and the trueness or correctness in meaning of clients' statements 157
- 4.5 Transference 166
- 4.6 A notion of transfer in transference 172
- 4.7 Linking a relationship between similar psychological reactions associated with different chronological life events 178
- 4.8 Seeing transference as a real and genuine event taking place between therapist and client in both existential psychotherapy and psychoanalytic psychotherapy 183
- 4.9 Attending to causal power and present meaning 189

4.10 Summary 198

Chapter 5 Existential Psychotherapy and Psychoanalytic Psychotherapy:

Resistance and Repression 201

5.1 Resistance 201

5.2 A version of the pleasure principle 206

5.3 Opposing the process of change and avoiding responsibility 208

5.4 Dynamic therapy for both existential psychotherapists and psychoanalytic
psychotherapists 211

5.5 Resistance as a barrier to a person's whole way of being for both existential
psychotherapists and psychoanalytic psychotherapists 217

5.6 Repression 220

5.7 A hidden process 225

5.8 Summary 230

Chapter 6 The Existential Psychotherapeutic Notion of the Unconscious 234

6.1 Frankl's spiritual unconscious 235

6.2 Existential psychotherapists' views of the unconscious 242

6.3 Working with non-vague/articulated memories vs vague/ inarticulated memories
248

6.4 The unconscious: an excuse for not examining oneself? 262

6.5 The unconscious is found within a wider human capacity for consciousness
268

6.6 Summary 276

Chapter 7 Self-Consciousness 280

7.1 Self-deception as a conscious process: Sartre and Fingarette 281

7.2 Difficulties in conceptualising self-deception as a conscious process: deceiving oneself or others 290

7.3 self-deception is a normal mental activity 292

7.4 Self-deception and psychogenic amnesia 296

7.5 Self-deception and motivated biasing 298

7.6 Self-deception and Nobel-Prize winners 300

7.7 Concluding self-deception 302

7.8 Enhancing self-consciousness: Remarks on R.D.Laing 303

7.9 Summary 311

Chapter 8 Conclusion 315

8.1 Confusion over professional identity 316

8.2 Mystical practice 319

8.3 Why should mystical practice be stopped? 319

8.4 An incomplete proposal and closing remarks 322

References 326

Acknowledgement

I am indebted to Dr Any Hamilton and Professor E.J. Lowe for their insight and valuable advice. Last but not least, this thesis would not have been completed without the unceasing help, support, encouragement and love of my long-suffering wife, Catherine, and the inspiration from Lia and Ethan, my beloved children.

Thank you all of you.

Plymouth, 2008

Abstract

While existential psychotherapy is in its ascendancy, there is a lack of philosophical critiques of existential psychotherapeutic thinking. This thesis is an attempt to examine whether there is conceptual confusion embedded within this thinking and, if so, to tease out what it is. My examination has shown that contemporary existential psychotherapists are confused about what existential psychotherapy is, while on the surface, they seem to be clear about what it is. While existential psychotherapy has increasingly been integrated with other forms of therapy such as cognitive-behavioural and multimodal, such integration could necessitate important changes to the existential psychotherapeutic fundamental basic assumptions. Meanwhile, some existential psychotherapists have tried to challenge or re-define psychoanalytic concepts. However, my examination suggests that there are in fact common features in the concepts (interpretation, transference, resistance and repression) that existential and psychoanalytic psychotherapists share. This, in turn, questions the extent to which existential psychotherapists have truly challenged or distanced themselves from psychoanalytic concepts, as they claim to have done. Existential psychotherapists have developed their own understanding of the unconscious; however, my examination shows that their understanding of it is in fact incoherent. The way in which they define the unconscious implies a strong sense of self-consciousness, i.e. the unconscious is found within a wider capacity of human consciousness. But, I have argued that existential psychotherapists have not resolved difficulties which are derived from viewing the notion of self-deception as a conscious phenomenon. Also, their effort to assist their clients to enhance or widen self-

consciousness could lead clients to develop fantasy. The foregoing critiques, I believe, represent only some of the conceptual confusions embedded within existential psychotherapeutic thinking.

Chapter 1 Introduction

In the field of psychotherapy, existential psychotherapy is in its ascendancy. In the United Kingdom, for example, professional institutions (e.g. Regent's College, the New School of Psychotherapy and Counselling) have been established to offer training to people who are interested in the form of psychotherapy and to promote the theory and practice of existential psychotherapy. Some years ago, Regent's College started a journal called the Journal of the Society for Existential Analysis (Plock, 1996). Despite the rising profile of existential psychotherapy, little effort has been made to tease out any potential conceptual confusion embedded within contemporary existential psychotherapeutic thinking. Thus, in this thesis, I wish to see if philosophical analysis can help us identify and clarify some possible conceptual difficulties embedded within existential psychotherapeutic thinking. The results should bear important implications for existential psychotherapists and in particular for the improvement and advancement of the theory and practice of existential psychotherapy.

1.1 Limit of the investigation and terms of reference and clarification

Before I start the present discussion, I want to point out the limits of this thesis. Firstly, despite the fact that existential psychotherapy can be traced, at least, from the philosophical thoughts of existentialism, in this thesis, I will not provide a critique of the philosophy of existentialism exemplified by philosophers such as Kierkegaard, Heidegger, Sartre and Jaspers. Instead, I am mainly concerned with examining the thoughts that contemporary

existential psychotherapists hold, i.e. the practitioners, as opposed to professional philosophers, who make their living by mainly providing treatment to others.

One could argue that as part of my critique of existential psychotherapy, I cannot avoid examining existential psychotherapeutic assumptions in the light of existential psychotherapists' understanding of existential philosophy. After all, existential psychotherapy is inspired by existential philosophical thoughts. However, while I agree that that is one way of providing critiques of existential psychotherapy, I do not believe that this is the only way.

It seems to me that if one examines existential psychotherapeutic assumptions in the light of existential psychotherapists' understanding of existential philosophy, what one might find in the end is whether their existential psychotherapeutic assumptions are congruent or incongruent with the way in which they understand existential philosophy. What one might also find is whether the way in which they understand existential philosophy is accurate which, in turn, would impact the way in which they construct their existential psychotherapeutic assumptions.

However, this is not what I am interested in. Instead, what I want to do, as I mentioned earlier, is to examine the thoughts, the concepts or assumptions that contemporary existential psychotherapists hold, i.e. whether there are confusion and incoherence embedded within their thoughts or psychotherapeutic assumptions. The results of such

examination should bear important implications for those who practice existential psychotherapy and those who receive it.

Let me articulate this further. Let's suppose that a group of health psychologists claim that they have developed a behavioural programme which, they claim, will help to reduce the likelihood of suffering from heart attack. They also claim that there is a clear rationale, or principles, that people need to understand in order to benefit from this programme. In addition, they claim that this programme is based on the ideologies of a well-known professor of health psychology. But then, one day, two criticisms emerge. Criticism one says that this programme is in fact not based on the ideologies of a well-known professor of health psychology but in fact based on the ideologies of a less well-known health psychologist. The second criticism says that there are inconsistencies or conceptual confusion embedded within the principles which set the basis for practice.

Now, I think it is not unreasonable to think that for most of the health psychologists who engage in their daily business to treat patients, improve their quality of life, and to prevent the occurrence of heart attack using such a programme, the second criticism would probably be of greater concern to them. This is because what they do pragmatically and clinically is intimately connected with or even guided by these principles. They are the immediate tools that they use to address the concerns of their clients. On the other hand, arguably, the knowledge of whether these principles originated from a well-known or less well-known health psychologist (the first criticism) is probably not an immediate tool with which they

work with their clients daily. But nevertheless, this does not mean that they should dismiss the first criticism.

Using this hypothetical scenario, the point that I want to make is this. Let's suppose that contemporary existential psychotherapists now face the criticisms which are similar to those described above. Criticism one states that the psychotherapeutic assumptions or principles that contemporary existential psychotherapists hold are in fact deviated from the ideologies of some existential philosophers. The second criticism states that there are problems, inconsistencies or conceptual confusion in the existential psychotherapeutic assumptions or principles which guide their daily pragmatic clinical practices with their clients. I think it is not unreasonable to think that similar to the reactions of the health psychologist mentioned above, the second criticism would create more of an urgent concern for contemporary existential psychotherapists. This is because these psychotherapeutic assumptions or principles are the immediate tools that they, as practitioners, use in their daily pragmatic clinical work to help those who are in need. However, again, this does not mean that they should dismiss the first criticism.

What I am saying is that the reason why I prefer to tease out the conceptual difficulties embedded within existential psychotherapeutic assumptions that contemporary existential psychotherapists hold and not to examine the extent to which their existential psychotherapeutic assumptions are congruent or incongruent with the way they understand existential philosophy, is precisely because I believe that, in so doing,

contemporary existential psychotherapists are more likely to pay urgent attention to my arguments in this thesis. That is, I want them to see that my arguments throughout this thesis bear urgent and important implications for their daily pragmatic clinical work.

During my examination, I will not provide commentaries on the thoughts of individual influential existential psychotherapists, though some might well be referenced from time to time. I will mostly examine the general approach and the broadly agreed concepts adopted by most contemporary existential psychotherapists. Also, throughout the examination, when I refer to some clinical phenomena, I will consider them from the context of individual therapy rather than group therapy. To distinguish these contexts, I believe, is important because it is reasonable to assume that therapeutic phenomena derived from a one-to-one relationship, i.e. between a therapist and a client, are somewhat different from those derived from a one-to-group relationship, i.e. between a therapist and a group of clients. In addition, I am mainly concerned with the open-ended approach of existential psychotherapy. In other words, I will not consider the recently developed existential time-limited therapy (Strasser & Strasser, 1997). To examine this form of therapy would require another thesis.

A few words need to be said regarding terms of reference. Throughout the thesis, I will be using "clients" rather than "patients" to represent those who seek help from psychotherapists. Also, I will be using "psychotherapists" or "therapists" rather than "counsellors" to represent those who are providing psychotherapeutic help. I do realize that

for some helping professionals, it is important to differentiate the meanings signified in these terms. For example, they signify differences in the severity of psychological problems, the difference between medicalizing and normalizing those who seek psychological help, and differences in therapeutic skills. However, for the purposes of my philosophical critique, I do not feel that these differences pose problems. On the contrary, to engage in a discussion on the important differences between them would be a distraction and so I wish to take these terms for granted and perhaps engage in the discussion elsewhere.

1.2 The chapters

We start Chapter 2 with the intention to address a basic and yet fundamental question “what is existential psychotherapy?” Chapter 3 is concerned with the relationship between existential psychotherapy and other psychotherapeutic approaches. In particular, I wish to examine the difficulties in integrating existential psychotherapy with cognitive-behavioural therapy and multimodal therapy. Chapters 4, 5 and 6 continue to focus on the relationship between existential psychotherapy and other approaches, this time, psychoanalytic psychotherapy. I want to examine the way in which existential psychotherapists conceptualize some psychoanalytic concepts (interpretation, transference, resistance, repression, the unconsciousness). Chapter 7 will tease out the problems in the existential psychotherapeutic notion of self-consciousness. In Chapter 8, I will make some concluding remarks on the basis of what I have argued.

Chapter 2 What is Existential Psychotherapy?

I shall begin this thesis by asking the question: “do existential psychotherapists know what it is that they are practising?” To put the question in another way: “do existential psychotherapists know what existential psychotherapy is?” This basic and yet fundamental question may sound odd for those who practise existential psychotherapy. They may say “of course, we know what existential psychotherapy is. After all, we are the ones who practise it.” However, in this chapter, I shall argue that existential psychotherapists, at least those I am going to mention in this chapter, are in fact confused about what existential psychotherapy is, despite the fact that on the surface, they seem to know what it is that they are practicing.

To demonstrate my argument, the plan for this chapter is as follows: I shall start by drawing attention to a claim made by an existential psychotherapist. The claim is that existential psychotherapy cannot be defined in one single way but that one should speak of existential psychotherapies. To regurgitate this claim, based on my own analysis, I shall show how some forms of existential psychotherapies are indeed different from each other (However, as I will argue toward the end of the chapter, this does not mean that I therefore agree that existential psychotherapy cannot be defined in one single way but that one should speak of existential psychotherapies). I will then go on to point out one important consequence of holding on to this claim. The consequence is that existential psychotherapists would not know whether forms of existential psychotherapies are truly existential psychotherapies.

After that, I will move on to argue that existential psychotherapists are not in fact true to their own claim. That is, they contradict themselves by trying to define existential psychotherapy in one single way. The outcome of the preceding arguments leads to the conclusion that existential psychotherapists are in fact confused about what existential psychotherapy is.

Before I embark on the arguments, I wish to clarify one important point, namely that my intention in this chapter is not to arrive at a kind of rigid, comprehensive and indeed crystal-clear “definition” of existential psychotherapy. Nevertheless, one implication from my arguments is that it is not unreasonable, I believe, to demand that when one is practising a form of psychotherapy, one needs to ensure conceptual clarity within that practice. Otherwise, psychotherapists would run the risk of practising a form of psychotherapy with incoherent therapeutic assumptions which, in turn affect clinical practice.

2.1 Cooper’s claim and the British School of Existential Psychotherapy

Earlier, I said that “what is existential psychotherapy?” is an odd question for existential psychotherapists to ask. Interestingly, Mick Cooper (2003), an existential psychotherapist, is also curious about the same question. Surprisingly, he acknowledges that this is not an easy question to answer. He began his book *Existential therapies* by saying:

“What is existential therapy?” As an existential therapist and trainer, this is

one of the questions that I have been most frequently asked. It has also been one of the questions that I have found the most difficult to answer

(Cooper, 2003, p.1)

Why did Cooper find most difficult to answer this basic and yet fundamental question?

Here is his answer:

“Over the years, however, it has gradually dawned on me why this question has been so difficult to answer: because the term existential therapy has been used to refer to so many different therapeutic practices (Cooper, 2003, p.1).”

Cooper continues:

“As several other commentators have concluded, then, it is simply not possible to define the field of existential therapy in any single way (Moja-Strasser, 1996). Rather, it is best understood as a rich tapestry of intersecting therapeutic practices, all of which orientate themselves around a shared concern: human lived-existence. In other words it is more appropriate to speak of existential psychotherapies rather than of a single existential psychotherapy” (Cooper, 2003, p.1)

Let me recap: According to Cooper, existential psychotherapy cannot be defined in any single way because there are different forms of existential psychotherapies which differ from each other. To him, there is no such thing as a single existential psychotherapy. Instead, it is more appropriate to speak of existential psychotherapies.¹ In other words, although he does not believe in the notion of a single existential psychotherapy, he does believe in forms of existential psychotherapies. After all, if he does not believe in the existence of forms of existential psychotherapies, he cannot possibly speak about existential psychotherapies in his book. So, when Cooper talks about Logotherapy in his book, he has made explicit that Logotherapy is a form of existential psychotherapy which is different from the British School of Existential Psychotherapy (represented by the ideologies of such existential psychotherapists as van Deurzen and Spinelli). The differences between them may be in terms of some ideologies from which different therapeutic practices are derived. These differences precisely lead people, like Cooper, to conclude that existential psychotherapies cannot be defined in any single way. But nevertheless, they are different forms of existential psychotherapies.

My question is: how do existential psychotherapists such as Cooper know that Logotherapy or the British School of Existential Psychotherapy etc are truly forms of existential psychotherapies?" To explore this question, I believe, would bear relevance

¹ Similarly, a claim has been made that there are as many ways to practise existential psychotherapy as there are practitioners (de Plock, 1997). Also, one recent study shows that there are significant differences in terms of people's experiences of being existential psychotherapists, including the way in which they practise existential psychotherapy. For example, some practise it using phenomenology as a guiding principle, while some seem to focus on the therapeutic relationship. Even when they practise using phenomenology as a guide, there are also differences in the way in which they do it. There are also a great deal of disagreements or differences in terms of using techniques or not. Some admit that they do use techniques, while some

for the initial question: “do existential psychotherapists know what existential psychotherapy is?”

Before I do that though, I want to spend some pages to regurgitate Cooper’s thesis that existential psychotherapy cannot be defined in one single way by showing, based on my own analysis, examples of how different forms of existential psychotherapies differ from each other. In other words, for the moment, I am taking for granted the idea that there are indeed true forms of existential psychotherapies and that we know what they are. The reason why I want to do this is because I feel that after Cooper has made his claim, he simply went on to provide *brief introductions* to different forms of existential psychotherapies as opposed to providing critical contrasts between them. As a result, I feel that the way in which he demonstrated his claim is somewhat weak. Since his claim will set the basis for my discussion in this chapter, I believe it would be worthwhile to improve Cooper’s demonstration of his thesis by providing critical contrasts between some forms of existential psychotherapies. In particular, I want to contrast the British School of Existential Psychotherapy (represented by Emmy van Deurzen), Logotherapy (the form of existential psychotherapy advocated by Viktor Frankl) and Gestalt therapy (the existential form of therapy that Frederick Perls defined).

The practice of psychotherapy is based on a set of therapeutic assumptions. Existential psychotherapy is no exception. Emmy van Deurzen (e.g. 1998, 1999; van Deurzen-Smith, 1984, 1988, 1997; van Deurzen and Arnold-Baker, 2005), a well-known

claim that they never do (Wilkes & Milton, 2006).

representative of the British School of Existential Psychotherapy, calls these assumptions “basic assumptions” (Deurzen-Smith, 1988). These assumptions are essential and fundamental, as Deurzen puts it “No approach is without assumptions. No approach can be practiced without conveying its assumptions in the process. Clients can only benefit from an approach in so far as they feel able to go along with its basic assumptions” (Deurzen-Smith, 1988, p.1).

On the basis of literature that I have surveyed, let me now draw up a list of existential psychotherapeutic aims which reflect the basic assumptions set out by Deurzen and her associates from the British School.

1. Existential psychotherapists aim to pursue a rational and coherent philosophical investigation² with clients rather than a medical or a psychological one, as Deurzen-Smith (1988) stated “philosophical clarity is the most basic requirement of existential counseling” (Deurzen-Smith, 1988, p.2)

Before I list the next aim, I wish to briefly explain the term philosophical investigation. As far as I am aware, existential psychotherapists have not come up with an operational definition of philosophical investigation. However, Deurzen (1998) has given us a glimpse of its meaning when she asked “Why should we turn to philosophy to find a new foundation for psychotherapy?” Her answer is “Philosophy is the love of wisdom.” (Deurzen, 1998,

² Yalom (1980), a well-known American existential psychotherapist, also claims that existential psychotherapy has a psychotherapeutic paradigm which is rational and coherent, and that it is a philosophical investigation rather than a medical or psychological investigation.

p.135). Wisdom and understanding, rather than cure, are what clients need, since they are often lost and confused rather than ill. She continued to say that “Philosophy can teach us to question our assumptions and to reconsider the judgements we make about our clients’ lives. I continue to find it a fundamental source of wisdom and guidance in my attempts to understand other people’s experience” (Deurzen, 1998, p.135). Furthermore, philosophical investigation, as Deurzen pointed out, is about asking searching questions about life, rethinking or questioning ideologies, beliefs and values (as opposed to simply taking the prevailing ones or psychological theories), examining contradictions, paradoxes, logic, irrationality, prejudice and wishful thinking, motivation, purpose and meaning, and examining the implications and consequences of choices and actions.

2. The pursuit of such philosophical investigation means that, unlike medical doctors, existential psychotherapists do not aim to get rid of clients’ symptoms, cure them or resolve any particular problem for them.³ In other words, clients are not thought to be ill, but sick of life and having problems living. Symptoms and unhappiness, however, are believed to disappear as clients make discoveries about themselves.

³ Instead of focusing on “curing” their clients, the British School of existential psychotherapists focus on assisting clients to experience their existence, with cure of symptoms as a by-product. The idea of “cure” for these existential psychotherapists is a form of denial of clients’ Dasein. The notion of cure often means adjusting to and fitting successfully into the culture which actually means that we live in a calculated, well-organized and controlled way. If clients can adjust to and fit successfully into the culture in which they live, they then accept a confined world without conflict. Their own personal world or existence is really identical to the culture in which they live. Consequently, they do not experience anxiety because they submit themselves to the possibilities which caused their anxiety. So, to be cured means by giving up one’s being and existence. The term cure should, on the other hand, mean assisting clients to fulfill their own existence. The cure of symptoms might then be the by-products of that, even though it is not actually the main goal of therapy. Instead, the main goal is to assist clients to explore and discover their own being and Dasein.

3. The pursuit of such philosophical investigation also means that unlike behaviourists, existential psychotherapists do not aim to change their clients and do not automatically assume that clients need to change, or that they are willing or able to change.

4. The pursuit of such philosophical investigation also means that existential psychotherapists act like mentors in the art of living or sages, rather than medical doctors, behaviourists, or technicians. Existential psychotherapists engage in a practical tutorial on the art of living (i.e. living a meaningful life) with their clients. This art is learned through experience which likely becomes richer and more fruitful if a well-informed person (i.e. the therapist) is available at the right time. Ultimately, clients should gain mastery over the art of living so that they can face up to rather than avoid or fear life's difficulties. They also become aware of and integrate themselves with unacceptable aspects of life.

Prior to philosophical investigation:

5. Prior to assisting⁴ clients in such philosophical investigation, existential psychotherapists need to have clarified their own attitudes towards life and their own goals. Also, their lives should have clear direction and they should have a

⁴ Existential psychotherapists, e.g. Deurzen-Smith (1988), use the word "assist" rather than "help" because they believe that clients are active beings, that they can exercise their own autonomy and freedom, and that what they need essentially is some assistance in clarifying, reflecting, exploring, finding their own direction, making choices and understanding life. The word "help", on the other hand, implies a sense of passivity, like a patient who cries helplessly for some medical cure. Existential psychotherapists ultimately want to discourage this

broad perspective on human conditions and human nature.

During the philosophical investigation:

6. Existential psychotherapists aim to assist clients to explore "the things which appear to them" (i.e. they take phenomenology seriously) and to emphasize clients' here-and-now experience rather than "importing normative theories or gathering evidence from previous sessions to support the hypotheses which such theories entail" (Plock, 1996, p.55)⁵
7. Existential psychotherapists aim to assist clients to address challenges, confront problems, face up to difficulties, unhappiness and disappointments in their lives.
8. Existential psychotherapists aim to assist clients to freely explore possibilities, uncover abilities and talents, and realize that clients are capable of freely influencing their direction in life.
9. Existential psychotherapists aim to assist clients to clarify, reflect upon and understand life (i.e. to become aware of the important issues and questions that life raises).

kind of passivity and the medical model of helping.

⁵ Phenomenology is the key concept here which implies the immediate object of perception. Description is thus more important than interpretation for existential psychotherapists.

10. Existential psychotherapists aim to assist clients to reflect upon goals, intentions, and general attitudes toward living, to make well-informed choices about their lives and to be responsible for those choices.⁶
11. Existential psychotherapists aim to assist clients to explore their views about life and the world, and to explore the taken-for-granted preconceptions and assumptions which might obstruct their personal development.⁷
12. Existential psychotherapists aim to assist clients to find direction (i.e. clients are confused and have lost their way),⁸ organize their experiences and make life meaningful. In other words, clients need to believe that life makes sense, and that they are able to find meaning in their lives.
13. Existential psychotherapists aim to assist their clients to see the world and their experience anew with interest, enthusiasm and imagination rather than boredom and bias. New meanings and possibilities should reveal themselves.
14. Existential psychotherapists aim to assist clients to live authentically by coming to

⁶ According to May (1983), what distinguishes existential psychotherapy from other forms of psychotherapy is the fact that existential psychotherapists believe that clients are human beings who can make decisions or choices about life.

⁷ As May (1969) said phenomenology is the first stage in the movement of existential psychotherapy and helps us to clarify our presuppositions.

⁸ Clients are often confused about life and have lost their way due to their failure to accommodate conflicting views or due to the fact that their old way of making sense of life is no longer valid in the light of new development.

terms with, rather than rejecting,⁹ the fact that there are existential “givens” in life (i.e. determined circumstances, situations, limitations, and indeed a universal set of boundaries [e.g. birth and death, ageing, biological laws etc]) which constrain our freedom. Clients are encouraged to see that they can work within the boundaries of the givens and can always determine their own responses to the givens.¹⁰

15. Deurzen and her associates believe that existential psychotherapy is not a technique. The aforementioned fundamental assumptions which constitute the intellectual framework of the British School of Existential Psychotherapy can possibly lead to the development of techniques but in themselves, they are not techniques. In fact, they believe that “a diversity of techniques, tricks and gimmicks are often more harmful than helpful” (Deurzen-Smith, 1988, p.3). When "technique" is made paramount, they believe that the authentic relationship between the therapist and client is lost because manipulation has taken the place of a turning toward another with one's whole being. Thus, Deurzen and associates have made it quite clear that they are not in favour of techniques and insist that existential psychotherapy is not in itself a technique. Instead, reflection is much preferred. After all, existential psychotherapy is supposed to be a philosophical

⁹ By means of evasion, distraction, denial or other defense mechanisms.

¹⁰ This point marks one main difference between the philosophy of existential psychotherapists and humanistic-existential psychotherapists. The latter seem to ignore the boundaries of human existence and believe that we are the center of the universe. Deurzen-Smith put it thus “This emphasis on the boundaries of human existence is typical of the existential perspective. It is frequently ignored in the humanistic orientation, which nevertheless prides itself on its existential roots. The humanistic stand puts the accent on human freedom and choice at the expense of a healthy recognition of its counterpart of necessity and determinism. A decidedly existential approach will always include a thorough consideration of realities, limitations and consequences. A serious analysis of the human condition cannot fail to notice constraints as well as liberties. The humanistic arrogance which believes mankind to be the center of the universe and which encourages a blind pursuit of

investigation. On the contrary, the other existential psychotherapists seem to have a different attitude toward the use of technique. Consider some American existential psychotherapists. When existential psychotherapy penetrated into America, it experienced a great deal of resistance, partly because Americans were preoccupied with techniques. They apparently have difficulty with the idea that existential psychotherapy is about understanding human existence, rather than formulating techniques. They feel more comfortable with the idea that "understanding follows technique" rather than "technique follows understanding" (i.e. technique is subordinate to understanding. The basic ground work is to help clients to understand and experience their existence) (See Deurzen-Smith, 1988). Consider the following remark from Irvin Yalom (1980), a well-known American existential psychotherapist. He claims to "propose and elucidate an approach to psychotherapy---a theoretical structure and a series of techniques emerging from that structure---which will provide a framework for many of the extras of therapy (1980, p.4-5).¹¹ Indeed, throughout his *Existential Psychotherapy*, Yalom mentions various techniques utilized in order to assist clients to explore "existential givens", such as the notion of death (sometimes called non-being or nothingness). These techniques have been briefly described in footnotes.¹²

individual rights and freedom can only lead to disaster. (Deurzen-Smith, 1988, p.12)

¹¹ According to Rollo May (1983), another well-known American existential psychotherapist, Yalom's *Existential Psychotherapy* is about techniques, though it does not consist of rigid instructions.

¹² By increasing the awareness of death among clients, clients' understanding of their own existence will consequently be enhanced. Death is a basic, absolute and unavoidable human condition which, according to existential psychotherapists, gives significance to living, though many of us avoid confronting it. Indeed, to confront it creates anxiety. Existential psychotherapists assist their clients to develop a healthy attitude towards death or consider it as a way to evaluate how well they live and what changes they could make in their lives. According to existential psychotherapists, without this awareness of non-being or of the threat of one's being in death, anxiety and the loss of potentialities, existence becomes unreal. However, by

The question is: How well do other forms of existential psychotherapies correspond to (i.e. not violate) the preceding basic assumptions of the British School of Existential Psychotherapy? For example, how well do the existential psychotherapeutic aims or ideologies of Logotherapy correspond to the basic assumptions of the British School? The brief answer to the above question, I wish to argue, is “No, Logotherapists’ therapeutic aims and ideologies do not correspond well to the fundamental basic assumptions set out by the British School”. Quite the contrary, Logotherapists’ therapeutic aims and ideologies in fact conflict with the fundamental basic assumptions to a large extent. The conflict between them basically reflects on the idea that different forms of existential psychotherapies differ from each other which, in turn, reflects on Cooper’s thesis that existential psychotherapy cannot be defined in one single way.

2.2 Viktor Frankl’s techniques

confronting non-being, clients’ existence takes on vitality and immediacy in their lives.

To confront non-being is to accept anxiety, hostility and aggression. If people run away from situations which would produce anxiety or potential hostility and aggression, people will be left with a weak and unreal sense of being. According to May (1983), people should try to face this non-being and accept the “normal anxiety” which comes out from the threat of non-being. The more non-being we can take, the stronger our self will become.

One technique used to assist clients to increase their awareness of death is the “calling out’ exercise, often used in large groups. To briefly describe this technique, the members in the groups are divided into triads and assigned a conversational task. Each member in the group is given a piece of paper on which he or she writes down his or her name. These pieces of paper are then placed in a bowl. Members pick out a piece of paper and read aloud the name on the paper. That person will then stop talking and turn his or her back to the others. The idea of this exercise is to assist clients to increase “awareness of the arbitrariness and the fragility of existence” (Yalom, 1980, p.174). Other techniques include asking clients to imagine their death (e.g. where, when and how will it occur?) and their funeral and to write their own obituary (Koestenbaum, 1976). One can also do the “life cycle” group exercise in which one is asked to dress and walk like an old person and play the role of an old person they know. They may also be asked to visit cemeteries, walk alone in a forest imagining that they faint, die and are later buried (See Yalom, 1980).

Viktor Frankl (1967, 1969, 1975, 1978, 1986, 1997) is the founder of a form of existential therapy called Logotherapy. One important contrasting difference between Logotherapy and the British School of Existential Psychotherapy is the fact that Logotherapists do not undermine the importance of using techniques. In fact, in his *Man's Search for Meaning*, Frankl said that "A realistic fear, such as the fear of death, cannot be tranquilized away by its psychodynamic interpretation; on the other hand, a neurotic fear, such as agoraphobia, cannot be cured by philosophical understanding" (1969, p.193). He clearly acknowledged the limitation of philosophical investigation which, on the other hand, the British School adopts, and consequently developed two techniques which are widely used in therapy: dereflection and paradoxical intention.¹³

Briefly, the rationale behind dereflection is to divert clients' attention away from themselves, from their own psychological or neurotic problems. Instead, therapists assist clients to search for meaning¹⁴ which is outside of themselves and available in the world.

To illustrate this technique, the following encounter between Frankl and his client, a 19 year old girl suffering from schizophrenia, is worth quoting.

¹³ Frankl would likely support the idea that different schools of therapy have different perspectives in action which means different techniques. Existential psychotherapy is not a "techniqueless technique" (Havens, 1978). Whether existential psychotherapists should use techniques or whether existential psychotherapy is a system of technique is still a debate very much alive (Fischer et al, 2000; Wilkes & Milton, 2006).

¹⁴ The word "meaning" refers to a concrete meaning in one's life (i.e. a mission or an assignment), rather than a philosophical meaning. Will to meaning is then the action to fulfil them. Frankl believes that we are not fully conditioned and determined but that we are able to take a stand towards a limited situation. In other words, we determine whether or not to give in to conditions or to stand up to them. This does not mean that Frankl disregards environmental influences on our thinking and behaviour. Rather, he believes that we can take a stand towards or decide how to act on the environmental conditions or influences. That is to take a stand towards one's own fate in order to fulfil a meaning, i.e. Will to Meaning.

Frankl: You are in a crisis. You should not concern yourself with any specific diagnosis; let me just say that it is a crisis. Strange thoughts and feelings beset you, I know; but we have made an attempt to tranquilize the rough sea of emotion. Through the quieting effects of modern drug treatment we have tried to have you slowly regain your emotional balance. Now you are in a state where reconstruction of your life is the task awaiting you! But one cannot reconstruct one's life without a life goal, without anything challenging him.

Patient: I understand what you mean, Doctor, but what intrigues me is the question: What is going on within me?

Frankl: Don't brood over yourself. Don't inquire into the source of your trouble. Leave this to us doctors. We will pilot you through the crisis. Well, isn't there a goal beckoning you—say, an artistic accomplishment? Are there not many things fermenting in you—unformed artistic works, undrawn drawings which wait for their creation, as it were, waiting to be produced by you? Think about these things.

Patient: But this inner turmoil

Frankl: Don't watch your inner turmoil, but turn your gaze to what is

waiting for you. What counts is not what lurks in the depths, but what waits in the future, waits to be actualized by you. I know, there is some nervous crisis which troubles you; but let us pour oil on the troubled waters. That is our job as doctors. Leave the problem to the psychiatrists. Anyway, don't watch yourself; don't ask what is going on within yourself, but rather ask what is waiting to be achieved by you. Don't think of yourself, but give yourself to that unborn work which you have to create Anna (the patient) will be identified as the artist who has accomplished this work. Identity doesn't result from concentration on one's self, but rather from dedication to some cause, from finding one's self through the fulfillment of one's specific work.....

Patient: But what is the origin of my trouble?

Frankl: Don't focus on questions like this. Whatever the pathological process underlying your psychological affliction may be, we will cure you. Therefore, don't be concerned with the strange feelings haunting you. Ignore them until we make you get rid of them. Don't watch them. Don't fight them. (Frankl, 1969, p.126)

Keeping the above dialogue in mind, it does not take much scrutiny to see that the ideologies, reflected in the dialogue, and indeed techniques conflict with those of the

basic assumptions of the British School of Existential Psychotherapy (Of course, I do admit that I am making a critique on the basis of only a brief dialogue within probably an hour's session between the therapist and the client). While I can see that Frankl was trying to assist his client to address her challenge and confront a problem in her life, and while to a small extent, he was assisting his client to discover her abilities and talents (i.e. he was asking her if she had any artistic accomplishment, unformed artistic works etc. waiting to be produced by her), on the whole, in using this technique, I find no evidence of philosophical investigations to clarify, reflect upon or indeed understand life. Neither can I find any reflection upon taken-for-granted preconceptions and assumptions. Quite the contrary, Frankl seemed to discourage any of his client's attempts to carry out potentially philosophical investigations. For example, the client was potentially asking a philosophical question pertaining to the concept of self, when she asks "What is going on within me?" Yet, she was denied a chance to pursue it, and told "don't ask what is going on within yourself.....", "don't brood over yourself" and "don't watch yourself".

Frankl's technique strikes me as being "medical" and "technical". That is, he is far from acting like a mentor in the art of living. The medical aspect is reflected by such statements as "don't inquire into the source of your trouble. Leave this to us doctors", "...let us pour oil on the troubled waters. That is our job as doctors. Leave the problem to the psychiatrists", "whatever the pathological process underlying your psychological affliction may be, we will cure you" and "ignore them (strange feelings within the person) until we make you get rid of them". He was clearly making a promise to his client that he

would, like any doctor would, help cure the problem, and get rid of the client's symptoms or strange feelings. In other words, the client was thought to be ill rather than sick of life. In fact, the quotes clearly started with Frankl's readiness to help this client with a medical approach. That is, he and presumably his colleagues had made an attempt to tranquilize the rough sea of this clients' emotion by drug treatment and believed that they had helped her to slowly regain her emotional balance as a result.

He was acting not only like a medical doctor, but also a technician. Technicians know how to, for example, programme or operate on a machine by following rules, steps and procedures. Consequently, they can get the machine to work on full power to go forward or backward, or to lift things up or down etc. On the surface, the machine may appear to be "directing" itself, but in fact, the technicians are directing it. After all, the technicians can programme the machine to stop working, if they wish. Similarly, what makes Frankl a technician is his ability to programme the dereflection technique and operate on it by following rules, steps and procedures. Thus, on the surface, it might appear that Frankl's client is finding her own "direction" but in fact, Frankl is programming and directing it all along. Frankl was clearly ignoring which direction the client wanted to take and imposing his own direction.

Let me now turn to another of Frankl's frequently used techniques, namely, paradoxical intention. The rationale behind this technique is that instead of allowing, for example, clients with phobia to run away from fear (i.e. avoid the situation which produces

anxiety), therapists assist them to confront the phobia and do the very thing that they fear. Similarly, instead of allowing, for example, clients with obsessive-compulsive thoughts (e.g. thinking obsessively that their actions might cause harm to others) to fight or suppress their obsessions and compulsions, (i.e. almost engage in fear of one part of themselves), therapists assist clients to confront the problem and to wish the very things that they fear to happen. Frankl believed that by trying to avoid that which provokes anxiety and by fighting or suppressing the symptoms, clients would only strengthen the symptoms. Frankl believed that we should instead assist clients to exaggerate a symptom, say, a panic attack, compulsive shaking, fear of a heart attack etc. Frankl believed that when clients are allowed to do or to wish to happen the very things that they fear, they will then stop fleeing from their fear and stop fighting their obsessions and compulsions. One aim of paradoxical intention is to encourage clients to face up to their neurosis and laugh at it. Paradoxical intention can be used over and over again in different therapeutic sessions.

Frankl recorded one demonstration of paradoxical intention as follows. A 35 year old man named W.S. suffered from a phobia that he would die of a heart attack, particularly after sexual intercourse. In addition, he suffered from a phobic fear that he would not be able to go to sleep. He went to see Dr Gerz for help. By applying the technique of paradoxical intention to address his phobia of heart attack, Dr Gerz asked W.S. to try as hard as possible to make his heart beat fast and consequently die of a heart attack right now. W.S. then laughed and said that he was trying but that he could not do it. Dr Gerz

then instructed him to go ahead and try to die from a heart attack whenever his anticipatory anxiety began to bother him. However, W.S. began to laugh at his phobia (i.e. he could see the humor of his neurosis) which helped him to keep a distance between himself and his neurosis. He was also instructed to die at least 3 times a day of a heart attack. To address the phobic fear of not being able to go to sleep, Dr Gerz instructed W.S. to try to remain awake, rather than go to sleep. Apparently, according to Dr Gerz, W.S. visited him three times in total and all his symptoms disappeared (Gerz, 1962).

Another case study, showing the application of paradoxical intention to clients, is someone who suffers from obsessive-compulsive disorder. A 35 year old lady named Mrs Elfriede G went to see Frankl for her obsessive-compulsive problem. As a child, she would stay at home scrubbing and cleaning due to fear of germs and bacteria, a fear which completely incapacitated her in adulthood. Consequently, she had to wash her hands hundreds of times, could not leave the house due to fear of contacting germs, could not have visitors due to fear of germs carried by outsiders, and could not allow her husband to have physical contact with the children due to fear of transmitting the germs to them. Applying paradoxical intention, Frankl asked the client to imitate what he did, i.e. scrubbing and rubbing the floor with his hand. Frankl then said “After all, for the sake of a change, now, instead of fearing infection, let’s invite it.” He then continued “See, I cannot get dirty enough; I can’t find enough bacteria!” Apparently, according to Frankl, in 5 days, she removed 90% of her symptoms. She could now make jokes about her symptoms and would ask other people to provide her with more bacteria. She wanted

to befriend the germs as much as possible. She also made remarks like “I want to let the poor beings live and not wash them away” and “Now, I will transfer the bacteria onto my children”. In the end, her washing compulsion disappeared and she felt happy and completely healthy (Frankl, 1986).

So, how well does Logotherapy, as a form of existential psychotherapeutic practice, integrated with the technique of paradoxical intention, correspond with the basic assumptions of existential psychotherapy that the British School set out? My skepticism remains. I can see that Logotherapists were trying to assist clients to confront their problems and influence their symptoms in order to create new meanings for them. These clients now had a new task or assignment in their lives; to engage themselves in the practice of paradoxical intention in order to tackle their problems. However, similar to my earlier analyses with respect to dereflection, I fail to see any philosophical investigation, exploration and clarification, nor any attempt to understand life in the foregoing two cases. Instead, the approach is a medical, behavioural and technical one. Instead of acting like mentors in the art of living, both therapists were treating their clients as though they were ill rather than sick of life. The therapists try to cure or eradicate the clients' neuroses, though they were not like traditional doctors who would directly tackle the “illness” using medicine. They were acting like behaviorists and technicians in that they instructed clients to change their behaviour towards their neurosis by adopting a programme of behaviour and following precise steps and procedures. They were not asked to make choices but were instructed to accept a choice made by the

therapist. In other words, the therapist sets the direction and goal in life for the client.

Interestingly, the American existential psychotherapist Yalom (1980) also showed some ambivalence towards these two techniques. He was not convinced that they were related to life meaning or that they could provide meaning to clients. Seemingly, they only served the purpose of assisting clients to detach themselves from their symptoms and view themselves dispassionately or humorously. Presumably, Frankl's reply to Yalom's would be that to assist clients to detach themselves from symptoms and view themselves dispassionately or humorously is to precisely create meanings for clients. One should not forget that the word meaning, in Frankl's dictionary, simply means a task or an assignment. That is, clients now have an assignment in their lives.

How does one explain the emergence of such an incompatible situation in which existential psychotherapists, such as Logotherapists, have incorporated techniques whose ideologies in fact conflict with those of the basic assumptions of the British form of existential psychotherapy? One obvious explanation is that Frankl essentially wanted to act like a medical doctor who cures others by relying on practical techniques rather than philosophical ones. His concept of the will to meaning is very much a practical, rather than a philosophical, concept. He said that the word meaning refers to a concrete meaning in one's life, a mission or assignment. It is perhaps not surprising that he concentrated on a concrete meaning as opposed to a philosophical one because this concept of meaning was derived from his experience of having survived the concentration

camp by engaging in daily “practical rituals or behaviour” (e.g. looking smart by shaving daily, standing and walking straight, making daily jokes, discussing food and favourite dishes, exchanging recipes, planning the menu for the day with other prisoners of war).¹⁵ One could say that these practical rituals or behaviours were analogous to “techniques” that he could use in order to help himself to survive. The more Frankl concentrated on developing techniques in his Logotherapy, the more he enlarges the gap between Logotherapy and the British School of Existential Psychotherapy. He moved further and further away from taking a philosophical attitude in his therapy, becoming more and more like a behaviourist and a medical practitioner.

2.3 Gestalt therapeutic techniques

This leads me to a discussion of Gestalt therapy which is considered to be another form of existential psychotherapy. Some existential psychotherapists may not think that Gestalt therapy is a form of existential psychotherapy. For example, in Cooper’s (2003) *Existential Therapies*, Gestalt therapy is not described. While this does not mean that Cooper does not think that Gestalt therapy is a form of existential psychotherapy, the fact that he did not include it in his book makes one wonder whether this is his view. On the other hand, Gestalt therapy has been described under the heading: humanistic-existential approaches in an edited volume *Handbook of Counselling and Psychotherapy* (Feltham & Horton, 2003). In fact, the authors of the chapter on Gestalt therapy stated that:

¹⁵ Apparently he needed to look smart by shaving, standing and walking straight because he could not look

Gestalt therapy has been influenced by a number of existentialist thinkers such as Paul Tillich, Martin Buber and Jean-Paul Sartre. It is an existential phenomenological approach and what is explored is the individual's existence as experienced by them. There is considerable emphasis on the individual being responsible for their own existence; on the importance of the here and now (experience in the present) and the meeting of therapist and client as persons in the 'I-Thou' relationship as described by Martin Buber (Ellis & Leary-Joyce, 2003, p.338)

Frederick Perls, the founder of Gestalt therapy, similar to Frankl, is a believer in techniques. In fact, I would be tempted to say that the emphasis on techniques is greater in Gestalt therapy than in Logotherapy, for the simple reason that a lot more techniques have been developed in the former. One might argue that what Perls is using is not techniques but exercises. For the present argument, however, this distinction is not crucial. The point is that Perls was clearly providing a structure in which these techniques or exercises were frequently used in order to help his clients.

Why do Gestalt therapists emphasize techniques so much? One reason is that they believe in transforming talking into doing. This does not mean that there is no talking involved. Rather, it means that they believe in transforming theorizing into immediate and here-and-now experiences. They believe in describing experience, rather than interpreting, prescribing or analysing it. Thus, they do not tend to make diagnoses and ask

weak, tired or dead; otherwise, he would be killed by the Nazis. See Frankl (1963); See Chung (1995).

“Why”. Instead, they ask “What” and “How”. The "Why" types of questions, according to Gestalt therapists, only lead toward clients’ rationalizations, self-deceptions, resistance to experiencing their feelings in the here-and-now, and in turn, resistance to personal growth. Talking, i.e. theorizing, about experience would only become a word game which leads to unproductive discussions and exploration of hidden meanings. Clients then fool themselves into thinking that just because they are talking about the problems, they are resolving them.

Gestalt therapists believe that by using techniques, clients can help themselves to confront existential risks, frustration and disappointment by focusing on making contact or getting in touch with their here-and-now, immediate experiences¹⁶ Thus, Gestalt therapy is a form of experiential learning which means that doing experiments is important. In doing them, Gestalt therapists provide clients with structure in which a wide range of specific techniques are used to assist clients to integrate and enhance their experience of the body and mind, authentic encounters with others and their relationship with the environment. To Perls, these techniques are a way of life. The belief is that clients can consequently increase self-awareness. The more they become aware of themselves (i.e. who they are and what they are doing), the more freedom they will have to make changes, make choices, choose their responses and live a meaningful life. They are also responsible for the changes, choices and responses they make.

In these techniques, Gestalt therapists constantly try to direct clients to attend to their own ongoing, here-and-now sensations, feelings and images, and integrate conflicting

dimensions within themselves. They encourage clients to reown the parts of themselves that have been disowned. Moment by moment, the therapists will attend to the client's changing sense of reality. They will ask questions such as "what are you aware of?", "what is happening?", "what are you doing now?" and "how did you feel when you said such and such". Moment by moment, the therapists will attempt to spot clients' avoidance behaviour, i.e. avoiding painful or unpleasant memories, feelings and emotions.¹⁷

The therapist will also report their observations of the client by saying, for example, "I noticed that your voice dropped", "you are now breathing more heavily than before", "you are changing the subject again". The therapist will also report their observations of their own sensations, feelings and images. They might say "I notice that I am feeling sad when you tell me such and such".¹⁸

Techniques frequently used in Gestalt therapy sessions include the dialogues exercise and the empty-chair technique,¹⁹ the making the rounds exercise,²⁰ the I take responsibility

¹⁶ This does not mean that therapists will completely disregard the past and the future. Rather, the past and the future are expressed in terms of the present.

¹⁷ Clients might exhibit avoidance by, for example, looking away, changing eye contact, changing bodily movement, joking or talking a lot, intellectualizing, not finishing a sentence, holding their breath or tensing certain muscles.

¹⁸ Gestalt therapists aim to develop a full and complete authentic meeting with their client, i.e. therapists will use themselves actively and authentically in the meeting. In this authentic relationship, the unique nature of the client will be recognized. In other words, Gestalt therapists do not hide behind a "professional mask"; they cannot take an "objective role".

¹⁹ They are used in order to assist clients to integrate different aspects of their personality which have been disowned or denied, to integrate internal polarities or conflicts, and to accept and live with polarities. In these techniques, the situation of the top dog and the underdog might be created. The former is thought to be righteous, authoritarian, moralistic, demanding, bossy and manipulative and to represent the "critical parent" who says "you should do this" or "you ought to do that" and who often manipulates with threats.

exercise,²¹ reversals,²² and exaggeration.²³ Brief descriptions of these techniques can be found in various footnotes.

Like the psychoanalysts, Gestalt therapists work with dreams as another technique in their therapy.²⁴ However, while in psychoanalysis, dreams are interpreted and unconscious meanings embedded within them explored, Gestalt therapists do not interpret or analyse dreams but assist clients to bring the dream back to life and relive it here and now. In other words, dreams are no longer treated as past events but are acted out in the present. During the therapy, clients would be asked to make a list of all the parts (e.g. people, events, emotions etc) which constitute the dream. They are then asked to become these

The latter is often the victim who is defensive, apologetic, passive, dependent, helpless, powerless, weak and represents “poor me”. The top dog and the underdog struggle for control, in which the top dog is being demanding, while the underdog is being disobedient. The empty-chair technique uses role-play whereby clients sit in one chair and become the top dog and then switch to another chair to become the underdog. Clients need to carry out a dialogue between the two sides. Consequently, clients can experience fully the conflict between the two sides, and will need to decide how they want to resolve the conflict, accepting or integrating both sides. These techniques encourage clients to get in touch with a part of themselves which they might be denying. Instead of talking about it, clients can intensify the feeling and experience it fully. Also, clients might be asked to use the empty-chair exercise to talk to people with whom they have unfinished business.

²⁰ In this technique, Gestalt therapists might ask clients to approach someone in the group in order to speak to them or do something with them. The aim of this technique is to assist clients to confront, risk, disclose themselves, or experiment with new behaviour, hence, to grow and change.

²¹ It aims to assist clients to recognize, accept and be responsible for their feelings instead of projecting them onto others. Gestalt therapists might ask clients to make a statement and then add “I take responsibility for it.” For example, clients may say “I don’t like you and I take responsibility for my feeling of disliking you”.

²² In this technique, Gestalt therapists might ask clients, who, for example, claim that they suffer from severe inhibitions and extreme shyness, to play the role of an exhibitionist in the group. This aims to assist clients to make contact with the source of anxiety and with the parts of themselves which have been suppressed or denied. Through this exercise, clients can learn to recognize and accept these two sides.

²³ In this technique, Gestalt therapists assist clients to become aware of the subtle signals and cues they are sending through body language. Gestalt therapists believe that bodily movements, postures and gestures communicate significant meanings. Thus, clients are asked to exaggerate the bodily movement or gesture repeatedly which subsequently intensifies the feeling attached to the behaviour and makes the meaning clearer. For example, when a client reports that their leg is shaking, the therapist might ask them to stand up and exaggerate the shaking. The therapist may also ask the client to put words to the shaking leg.

²⁴ They also work with fantasies and ask clients to act out the elements which constitute them.

parts and act each one out as fully as possible. As part of the acting, they need to invent a dialogue between the parts.

Gestalt therapists assume that dreams are in fact projections of ourselves and that the different parts of our dreams in fact represent clients' own conflicting, contradictory and inconsistent sides. Thus, by engaging in a dialogue between these opposing sides, clients gradually become more aware of the range of their own feelings and appreciate and accept inner differences and integrate these opposing sides.

Gestalt therapists also believe that dreams are the most spontaneous expression of the existence of the human being. They represent unfinished business which is more than uncompleted situations or unfulfilled wishes. They believe that dreams consist of existential messages for clients and reflect their current struggle. A great deal can be understood about clients if all the parts of dreams are assimilated and understood. Gestalt therapists believe that dreams, if properly worked with, can clarify the existential messages of clients.

According to Gestalt therapists, if clients do not remember dreams, they are refusing to face problems or difficulties in their lives. In a dream work seminar, Perls was asked "what if you don't remember any dreams? What does this mean?" He answered "I have a theory about it. You don't want to face your existence. To me, a dream is an existential message of what part of your personality is missing, and in the dream you can clearly see

how you avoid. Very typical are nightmares, where you run away. You can be pretty sure that people who don't want to recall their dreams are phobic people. And if you refuse to remember your dreams, you refuse really to face your existence—to face what's wrong with your existence. You avoid coping with unpleasantness. Usually these are the people who more or less think that they have come to terms with life. You do dream, but you don't remember it. You dream at least four dreams per night. We know this. If a person can't remember their dreams, I let them talk to the missing dreams—'Dreams, where are you?' and so on." (Perls, 1969, p.129-130).

At this point, let me point out two passing comments. Firstly, when Perls said that we do dream and that we dream four times per night, I assume that he is making this precise claim largely based on some objective or physiological understanding of dreams. If he were making this claim on the basis of his own experience or of other people's experience, he would have *probably* said that we do dream, rather than that we do dream four times per night. Interestingly, instead of pursuing further the physiological understanding of not remembering our dreams, he completely ignores it but attempts to come up with a psychological explanation for it. Why did he do that? Seemingly, it was because he wanted to arrive at a psychological explanation that he could use to help his clients. To pursue a physiological explanation of dreams would probably lead him to conclude that there is nothing interesting or useful (from the viewpoint of helping clients) about not remembering dreams. This implies that his explanations of dreams as existential messages and of us refusing to face up to our existence, when we cannot

remember our dreams, are simply explanations which make it possible for him to practice his therapy.

Secondly, while Perls was trying not to get his clients to theorize, and while he claimed that he did not believe in theory, he said that he had a theory. He was clearly trying to come up with a theory, despite its simplicity, which could explain the “psychodynamic” behind not remembering dreams. Instead of trying to get the questioner to find out the answer or to express his opinion, Perls was clearly trying to answer a “Why” type of question. That is, the reason *why* people do not remember dreams is *because* they refuse to face up to their existence, in particular, what’s wrong with their existence, and avoid coping with unpleasantness.

In the light of the above Gestalt techniques, I now wish to return to the question: How well does Gestalt therapy, as a form of existential psychotherapy, integrated with individual techniques, correspond to (not violate) the fundamental basic assumptions of the British form of existential psychotherapy mentioned earlier? Still, my skepticism remains. I believe that as a result of incorporating a variety of techniques with Gestalt existential psychotherapy, Gestalt therapists have incorporated implicit ideologies embedded within these techniques which in fact conflict with the ideologies of the fundamental basic assumptions of existential psychotherapy set out by the British School.

I have no doubt that there are effects of having experienced the Gestalt techniques. There

are probably new experiences opening up for clients because they are acting differently from usual. Consequently, they are bound to experience or discover sides of themselves that they do not see on a daily basis. When clients see these new sides of themselves, they feel that they have learned something new about themselves and that they have increased self-awareness. They are probably more sensitive to the present (i.e. here-and-now) conflicting feelings, emotions, sensations, and wishes, and different aspects of their personalities. They are probably more sensitive to the kind of new behaviour that they create for themselves through the techniques. They are more able to recognize, accept and be responsible for their feelings, and describe their bodily movements, postures and gestures. In other words, as a result of these techniques, clients can suddenly see their world anew, with interest, enthusiasm and imagination rather than with boredom. They can see new meanings and possibilities. They can choose not to take human emotions or behaviour for granted but view their world in a different light and influence their direction in life. In other words, a lot of the basic assumptions of the British form of existential intellectual basic assumptions are seemingly fulfilled by means of these techniques.

However, similar to Frankl's problem, this Gestalt approach to the increase of clients' self-awareness is not a philosophical one, which is one of the most basic assumptions in the British existential psychotherapeutic approach outlined earlier. At the very least, to pursue a philosophical examination of oneself requires a necessity to talk, theorize and ask the "why" questions which Gestalt therapists desperately try to avoid. Surely, to simply base one's understanding on what has emerged from the role-plays, dances, etc

that clients perform without being able to ask deeper questions (usually “why” questions) would only develop “shallow” rather than “philosophical” understanding. However, I do not deny the possibility that such shallow understanding might well be useful for the clients and therapists involved in Gestalt therapy.

Also, while Gestalt therapists are not acting like medical doctors who try to cure one particular problem or get rid of symptoms, they do act like pseudo-behaviourists or pseudo-technicians. What I mean is that although they are not like behaviourists or technicians who set out to change particular behavioural problems by following a set of well-defined steps, they do, however, provide their clients with a definite structure (although the structure may appear to be loose) and, as part of the structure, ask their clients to engage in programmes of exercises. Although each exercise needs to be individually designed, there is a basic format that therapists follow in order to carry it out. For example, there is a set format to the empty-chair technique, requiring one or two empty chairs which clients use in order to create a dialogue, although I do accept that the dialogues, the imaginary persons represented by the chairs, might well be different for each client.

Another problem is concerned with the dream work carried out by Gestalt therapists. Before I continue, let me briefly point out some general views of dream work among existential psychotherapists. Although I have not mentioned anything related to dream work in the basic assumptions of the British form of existential psychotherapy, existential

psychotherapists on the whole do not object to dream work. The justification for doing it is that, as one British existential psychotherapist pointed out, dreams are “an invaluable asset” (Deurzen-Smith, 1988, p.162) in clarifying clients’ view of their own world. Clients project their present concerns onto dream images. Through working with dreams, clients can clarify their present concerns and their view of the world.²⁵ It is just as relevant to examine clients’ real experiences as to examine dreams. One crucial element of dream work is that it is the clients who assign meanings to their dreams, rather than the therapists. Through clients’ interpretations of their dreams, they can see implications that dreams have for their own inner world. In that sense, dream work is carried out quite differently from that of psychoanalysts. The psychoanalyst interprets and assigns meanings to the dream. They also explore the difference between surface and depth in dreams, i.e. the manifest content and the latent content of dreams.²⁶ For existential psychotherapists, dreams are an aspect of our being. They are not something we have but we are our dreaming state; they are not mysteries that we need to resolve, but that to which we can be open to attend (Boss, 1979).

The following brief case illustration might help us to see a difference between the psychoanalytic and existential ways of working with dreams.

Ted has dreamt that he was walking along the road with an opened

²⁵ Logotherapy indicates that through working with dreams, clients can become more aware of their repressed meaning potentials or forgotten meanings previously actualized and deposited in the past (Lantz, 1997).

²⁶ The manifest content of a dream is the disguise which hides the latent content of the dream. For example, dreaming about a flower blooming might be the manifest content of a dream, disguising the latent content --

umbrella though it was not raining. Psychoanalytically the umbrella might be seen as an erect penis displayed at an inappropriate time. Does Ted fear for his sexual potency so that he has to demonstrate it even when it is not necessary—or is it the one thing he is certain of so that he has to convince himself at all times that it works? In such an interpretation, the umbrella as such only represents the penis and does not itself play a part in the final understanding of the dream.

Existential-phenomenologically, the umbrella remains what it is—a protective instrument. The dream would raise the question whether Ted feels the need to protect himself even when such protection does not seem called for. He is unready to face the existential given that complete security is existentially unachievable. (Cohn, 1997, p.84-85)

I have no doubt that Gestalt therapists use dreams in order to assist their clients to clarify their views of their world. They also do not impose meanings on their clients but let them play the parts of the dream and invent their own dialogues. They would definitely not engage in the analysis of manifest and latent contents of dreams, as psychoanalysts do. In other words, essentially, what Gestalt therapists are doing conforms well to the existential intellectual framework.²⁷

- the client's desire to procreate.

²⁷ This does not mean that Gestalt therapists do dream work in exactly the same way as other existential psychotherapists. For example, Deurzen-Smith (1988) has briefly mentioned two parts involved in dream work in an approach which is clearly different from that taken by the Gestalt therapists. The first focuses on simplifying and summarizing the dreams in order to grasp essential significant meanings. The second is

However, let me now return to demonstrating my thesis that Gestalt therapists do not correspond well to the fundamental basic assumptions of the British School of Existential Psychotherapy. When Gestalt therapists say “dreams can convey significant meanings,”, “dreams represent clients’ own conflicting sides.....” or “dreams are projections of ourselves,”, I assume that they mean that when dreams occur as a result of natural physiological processes, they will start becoming meaningful as soon as we assign meaning to them. In other words, I assume that they are not talking about dreams being intrinsically meaningful to us (i.e. when dreams occur, they present to us a directly meaningful expression of our current preoccupations, similar to Wittgenstein’s picture theory, without our needing to assign meanings to them).²⁸ In any case, as one existential psychotherapist said (Gestalt therapists would likely agree), it does not really matter whether dreams are simply “a random product of relaxing braincells or a directly meaningful expression of a person’s current preoccupations.” (Deurzen-Smith, p.162, 1988), what matters is that when clients interpret the dreams (i.e. assign meaning to the dreams), they project onto the dream their present concerns. In other words, the dreams start becoming meaningful because of their interpretation or assignment of meaning. Perls seems to imply that all of us do that since, in his words, “all the different parts—any parts in the dream is yourself, is a projection of yourself,” (Perls, 1969, p.74). Thus,

concerned with expansion, and exploration of the various elements which constitute the dreams. In carrying out this approach, she tends not to rely on exercises, at least not to the extent that Gestalt therapists do, as far as I know. Thus, while the way she does dream work is quite different from that of Gestalt therapists, they nevertheless share the same basic assumption that the client assigns meaning to their own dream.

²⁸ Indeed, it is more logical to think that just because we experience dreams, as part of our natural brain processes in a non-awakeful state, it does not follow that they must be intrinsically meaningful to us (i.e. without us needing to assign meaning to them). Similarly, just because patients with epilepsy experience

when Gestalt therapists say “dreams can convey etc”, “dreams represent etc” or “dreams are projections etc”, I think what they mainly have in mind is that as clients are asked to interpret their dreams, they start giving meaning (i.e. projecting their own concerns onto) to them, i.e. the dreams start becoming meaningful, which, in turn, conveys messages to clients and represents certain things for clients.

However, for a dream to become meaningful when we interpret it (assign meaning to it) demonstrates only the fact that we have the ability to create meaning. It does not demonstrate that the dream images necessarily reflect projections of ourselves (our conflicting, contradictory or inconsistent side, our unfinished business, current struggle, present concerns etc), as Gestalt therapists claim. In other words, there is no reason to assume that the meaning that I create, when I am asked to interpret or assign meaning to my dreams, would reflect my conflicting, contradictory or inconsistent side, my unfinished business, current struggle, or present concerns etc. I do realize that I am the one who is doing the dreaming and that it is therefore reasonable to assume that the dream images would be related to myself, would be projections of myself (any part in the dream is a projection of yourself, according to Perls). However, just because I am dreaming my own dreams which consist of projections of myself, does not mean that the content of such projection would have to be related to my conflicting, contradictory or inconsistent side, my unfinished business, current struggle, or present concerns etc. Surely, they are not confined to the above. After all, I am the one who is making the interpretations, hence creating this meaning.

epilepsy, as part of occasional brain processes, it does not follow that this epilepsy must be intrinsically

Assuming that when clients are asked to look into their dream from a previous night and start assigning meaning to it, they do not sincerely feel that a particular dream conveys any meaning relating to their conflicting, contradictory or inconsistent side or to some unfinished business, current struggle, or present concerns that they have. This does not mean to say that clients do not have any these things listed above. Rather, it could mean, it seems to me, that the things listed above might not have revealed themselves through last night's dream (i.e. the dream might carry no significant meaning to the client). However due to the fact that clients are asked, in a therapeutic setting, to explore themselves by means of this technique of dream work, and due to Gestalt therapists' conviction that dreams do reveal things, it is, I think, difficult for Gestalt therapists to sit back and agree with their client that last night's dream simply showed no significant meaning to them.

This is why Gestalt therapists find it difficult to simply accept that there is no significant meaning behind clients' inability to remember dreams. That is, since dreams, to Gestalt therapists, must reveal significant meanings to clients about their conflicting, contradictory or inconsistent side or about some unfinished business, current struggle, or present concern of theirs, Gestalt therapists simply cannot accept their absence and resign themselves to the fact being human means that we are sometimes simply unable to remember dreams. Gestalt therapists seem to be obliged to come up with an interpretation of inability to remember dreams (e.g. we are refusing to face up to our own

meaningful to them.

existence or the problems or difficulties in our lives).

Let's assume that one morning I wake up and my wife asks me "do you remember any dreams from last night?" and I say "no, I cannot remember any dreams at all". Now, my wife wants me to interpret the fact that I cannot remember my dreams, so, I might say "I cannot remember my dreams because I might not have dreamt at all; therefore, there are no dreams to remember. That's my interpretation of my remembering no dreams." My wife persists "that's impossible. According to Perls, we dream four times per night, so you must have dreamt something." Assuming that's true, I might then reply "So, I must have dreamt but I simply cannot remember them."

As far as I am concerned, what I have said to my wife so far in no way suggests that I am denying my own dreams and that I am being existentially inauthentic by denying the chance to face up to my own existence or the problems or difficulties in my life. Quite the contrary, I am being existentially authentic (one of the basic assumptions of the British School of Existential Psychotherapy) in that I am reporting an existentially authentic description of my own experience, i.e. being unable here-and-now to remember or recall any dreams, if they truly came to me the night before. The meaning that I can draw from this authentic experience is that one of my *existential givens* is my limited ability, as a human being, to recall dreams. Sometimes, being human, I can remember and recall dreams, but sometimes I simply can't. I am not trying to take the Freudian approach and treat the phenomenon of me being unable to remember my dreams as a

mystery to resolve. Neither am I trying to act like the Freudian and explore the difference between the manifest content and the latent content of not being able to remember dreams. Rather, I am simply trying to attend openly to my own existential given, being human, of not remembering dreams. In short, I am saying that if I cannot remember dreams, I am not necessarily refusing to face up to my own existence or the problems or difficulties in my life. Quite the contrary, if I allowed myself to accept the explanation that I am indeed refusing to face up to problems or difficulties in my life, I would have felt that I was being inauthentic because my existential experience simply does not confirm such an explanation. Gestalt therapists, however, seem to think that I need to go beyond my existential authentic attitude and try to see the difficulties, the unpleasantness, the nightmares, that I am really avoiding or refusing to face up to.

In other words, using the dream technique, Gestalt therapists are imposing an ideology which conflicts with the basic assumptions of the British form of existential psychotherapy. That is, they potentially prevent clients from getting in touch with their own existential experience, by directing them to accept Gestalt therapists' presumptions, and indeed "artificial" meanings, essentially directing them to become inauthentic to themselves. That is, some so-called significant meanings (preferably similar to the nature of one's conflicting, contradictory and inconsistent side, or one's unfinished business, current struggle, or present concerns) have to be sought arbitrarily. In so doing, one is being inauthentic to oneself.

There is another problem in making the claim that if one cannot remember dreams, one is avoiding facing up to difficulties or problems. The problem is this: For Perls to arrive at this explanation requires him to investigate deeper, for example, in the case of my existentially authentic claim “I simply cannot remember my dreams.” There are consequences to such deeper investigation, one of which is as follows. In investigating deeper, Perls consequently finds himself acting like the Freudian having to go beyond the manifest content and identify the latent content. I am not saying that Perl’s interpretation would be identical to that of the Freudian. Rather, I am saying that by going deeper, Perls finds himself having to come up with a latent meaning (I am avoiding facing up to my own existence). This latent meaning then leads Gestalt therapists to explore further with their clients by asking them to talk to the missing dreams: “Dreams, where are you?” Hence, similar to the Freudian approach in which the psychoanalysts themselves assign meaning to clients’ reported dreams, Gestalt therapists are also assigning meaning to clients’ experience of not remembering dreams. They have clearly made an interpretation of and assigned the latent meaning to, clients’ inability to remember dreams. In other words, Perls’s interpretation is as mystical as that of Freud even though the content of interpretations may well be different. Surely, this Freudian attitude adopted by Gestalt therapists clearly conveys an ideology which conflicts with that of the British existential psychotherapists doing dream work.

I do wonder whether much of the assumptions about what dreams reveal to us is largely a result of Gestalt therapists’ and indeed existential psychotherapists’ blind following of

Freud's fascination or tradition. After all, Perls was analysed and supervised by well-known psychoanalysts such as Wilhelm Reich and Karen Horney, before he broke away from psychoanalysis and invented Gestalt therapy (Perl, 1969). It seems to me that if Gestalt therapists and other existential psychotherapists are being true to existential psychotherapy, they should challenge these often taken-for-granted preconceptions and assumptions that "dreams must reveal something meaningful about ourselves".

2.4 One consequence of holding onto Cooper's claim

What I have done thus far is, using my own analysis, regurgitate Cooper's (2003) thesis that existential psychotherapy cannot be defined in any single way. One can see clearly contrasting differences between the British School of Existential Psychotherapy, Logotherapy and Gestalt therapy. Prima facie, it seems reasonable to conclude that one should speak of existential psychotherapies. So, given what I have done so far, am I agreeing with Cooper's claim? The answer is "no". In the latter part of this chapter, it will become apparent that I in fact disagree with Cooper's claim that existential psychotherapy cannot be defined in any single way, despite the fact that there are differences between forms of existential psychotherapy.

For now, I want to turn to this question: what is the consequence of holding onto Cooper's claim? I shall argue that there is in fact an important consequence of holding onto it. The consequence, as far as I can see, is that existential psychotherapists would therefore

experience difficulty in knowing whether Logotherapy, the British School of Existential Psychotherapy or other forms of existential psychotherapy are *truly forms of existential psychotherapy*. In turn, I am arguing that to hold onto this claim would only make it difficult to know what existential psychotherapy is. This is the argument I now want to articulate.

It seems to me that if we cannot define existential psychotherapy in any single way, we cannot define *forms of existential psychotherapy* either. The reason is this. If we cannot define existential psychotherapy, this means that we cannot define the basic assumptions of existential psychotherapy since the latter does not exist. However, if we cannot define the basic assumptions of existential psychotherapy, we cannot know whether the basic assumptions of different forms of existential psychotherapy are truly existential psychotherapeutic basic assumptions. This is because we do not know to what extent the basic assumptions of these forms of existential psychotherapy have or have not violated the basic assumptions of existential psychotherapy. If we do not know whether the basic assumptions of different forms of existential psychotherapy are truly existential psychotherapeutic basic assumptions, we would consequently not know whether these forms of existential psychotherapy are truly forms of existential psychotherapy.

To articulate this point in another way, assuming that I can define and recognize all psychotherapies in the world in their own single way, except existential psychotherapy because it cannot be defined in one single way. If, one day, some people come along and

practised what they called existential psychotherapy in front of me, I would say “sorry, I can’t recognize this type of psychotherapy”. Now, if they say to me that this is one form of existential psychotherapy, I would be puzzled and say “how do I know that this is truly one form of existential psychotherapy when I don’t even know what existential psychotherapy is.” That is, how do I know that the basic assumptions of this so-called form of existential psychotherapy are based on the existential psychotherapeutic basic assumptions? I would never know that because I cannot compare the basic assumptions of this particular form of existential psychotherapy with those of existential psychotherapy since the latter does not exist.

Similarly, since we cannot define existential psychotherapy in any single way insofar as we cannot define the basic assumptions of existential psychotherapy, if someone says to me, Logotherapy is *one form* of existential psychotherapy, I would respond by saying that since I do not know the basic assumptions of existential psychotherapy, there is no way for me to know whether the basic assumptions of Logotherapy (the British School of Existential Psychotherapy, and Gestalt therapy for that matter) are indeed based on existential psychotherapeutic basic assumptions. Thus, there is no way of knowing whether Logotherapy (again, British school of Existential Psychotherapy, and Gestalt therapy for that matter) is truly a form of existential psychotherapy.

One of Cooper’s earlier remarks is that it might be best to understand existential psychotherapy as a rich tapestry of intersecting therapeutic practices. But, how do we know

that these therapeutic practices are those which can indeed intersect together and form a tapestry? Especially, in explaining why the field of existential psychotherapy is more diverse than most other therapies, Cooper said “existential philosophical writings can be extraordinarily complex and difficult to understand. Hence, interpretations – and, at times, misinterpretations – of what existential philosophers have said has brought about a great diversity of therapeutic applications.” (2003, p.2) Although he has never qualified his brief remark, if what he said is true, it is very probable that some of these so-called individual forms of existential psychotherapy are not the true forms of existential psychotherapy because they might have been derived from therapists’ misinterpretations of the fundamental and yet difficult and complex existential philosophical thoughts upon which they built their therapeutic practices.

At this point, it’s worth mentioning one point relating to what I meant when I talked about the *true* forms of existential psychotherapy. In so doing, I am really concerned with the degree to which the basic assumptions of X *correspond* to (have not violated) the basic assumptions of Y, assuming that those assumptions of Y exist. If the basic assumptions of Logotherapy (X) correspond to (have not violated) the basic assumptions of existential psychotherapy (Y), assuming that the latter exist, one can say Logotherapy is a *true* form of existential psychotherapy. Thus, I am not concerned with whether, from a metaphysical level, there are true forms of existential psychotherapy or whether there are true basic assumptions of existential psychotherapy which result from some natural laws and exist out there in reality independently of us and await our discovery. Rather, to know whether

certain forms of existential psychotherapy are *truly* forms of existential psychotherapy, we simply mean that the basic assumptions of these different forms of existential psychotherapy *correspond* to the basic assumptions of existential psychotherapy.

2.5 Does this consequence need to arise?

Let's now consider a couple of possible arguments which suggest that the consequence that I have argued above does not need to arise. First, existential psychotherapists, including possibly Cooper, could argue that my line of argument results from my failure to let go of the notion of existential psychotherapy. If I stop thinking in terms of this notion called existential psychotherapy, then, I would not have in mind the basic assumptions of existential psychotherapy and would not try to establish the extent to which the basic assumptions of forms of existential psychotherapy correspond to (have not violated) the basic assumptions of existential psychotherapy. I would not then question whether these forms of existential psychotherapy are truly existential psychotherapies. In other words, the consequence that I have argued does not need to arise. The implication is that it is more fruitful to accept each form of existential psychotherapy as it is. Logotherapy is a form of existential psychotherapy in the same way as the British School is another form of existential psychotherapy, despite the fact that the basic assumptions of these existential psychotherapies are different.

However, the problem of the preceding argument is obvious: anyone can call themselves

an existential psychotherapist. Alcoholic tramps can claim that their drunken state has revealed to them a list of basic assumptions which set the basis for their own existential approach to cure alcoholism, despite the fact that they know absolutely nothing about the philosophical underpinning of existential psychotherapy. Monks can claim that through their prayers and meditation, they have arrived at a list of basic assumptions which sets the basis for their own existential psychotherapeutic approach to cure people's fear of flying. The list is endless and surely it would be absurd to simply accept that these are truly forms of existential psychotherapy. There needs to be a way of checking whether these so-called forms of existential psychotherapy are truly what they claim to be. One way of checking, it seems to me, is by comparing their basic assumptions with those of existential psychotherapy. In other words, one must not relinquish the notion of existential psychotherapy. Also, insisting that one should simply accept each form of existential psychotherapy as it is would only lead us to avoid examining whether certain forms of existential psychotherapy are truly existential psychotherapies. Why should we avoid such examination? Surely, it is only legitimate and indeed imperative to examine whether existential psychotherapists are practising what they claim they are practising. This task should not be undermined.

Secondly, it seems that Cooper's claim (existential psychotherapy cannot be defined in one single way and one should speak of existential psychotherapies) runs into trouble when we start comparing the basic assumptions of different forms of existential psychotherapy with the basic assumptions of *existential psychotherapy*, which does not

exist according to Cooper, in order to determine whether these forms of existential psychotherapy are truly existential psychotherapies. What if we now compare the basic assumptions of different forms of existential psychotherapy with the basic assumptions of an alternative concept, rather than existential psychotherapy (i.e. to let go of the notion of existential psychotherapy as suggested earlier), in order to help us determine whether these forms of existential psychotherapy are truly existential psychotherapies? For example, if we compare the basic assumptions of different forms of existential psychotherapy with the basic assumptions of *existential philosophy*, as opposed to *existential psychotherapy*, in order to determine whether these forms of existential psychotherapy are truly existential psychotherapies (to find out whether the basic assumptions of different forms of existential psychotherapy are or are not mainly derived from the basic assumptions of existential philosophy), then, we could argue that our earlier consequence (if we do not know the basic assumptions of existential psychotherapy, we do not know whether forms of existential psychotherapy are true existential psychotherapies) no longer needs to arise. At the same time, Cooper's claim will still be intact. Let me make this more explicit.

While Cooper claims that existential psychotherapy cannot be defined in one single way and one should speak of existential psychotherapies, he can still agree that one nevertheless needs to check whether these forms of existential psychotherapy are truly existential psychotherapies. To do the checking, what he needs to do is to find out whether the basic assumptions of these forms of existential psychotherapy are derived from the basic assumptions of *existential philosophy*. If they are, one can say that these forms of

existential psychotherapy are true forms of existential psychotherapy. If they are not, one can say they are not true forms of existential psychotherapy. The point is that while Cooper keeps advocating his claim (existential psychotherapy cannot be defined in one single way and one should speak of existential psychotherapies), he can, at the same time, find out for us whether these different forms of existential psychotherapy are indeed true forms of existential psychotherapy and avoid the consequence that I have argued for (namely that if we do not know the basic assumptions of existential psychotherapy, we do not know whether forms of existential psychotherapy are true existential psychotherapies). So, his argument is intact; we know whether forms of existential psychotherapy are true or not and the consequence that I have presented does not need to arise.

However, I wish to argue that the foregoing argument is in fact problematic and the same consequence will still arise. The reason is simply this. Recall an early brief quote of Cooper, namely that the reason why the field of existential psychotherapy is more diverse than most other therapy results from the difficulty and complexity of existential philosophical thoughts and their interpretation and misinterpretation. Who is doing the interpretation or misinterpretation of existential philosophy? Clearly, the existential psychotherapists themselves. So, Cooper's remark basically means that one reason why existential psychotherapy cannot be defined in any single way and that one should speak of existential psychotherapies is that existential psychotherapists have different interpretations or even misinterpretations of intrinsically complex and difficult existential philosophy which then sets the basis for the different basic assumptions of their own existential

psychotherapies.

To say that existential psychotherapists have different interpretations or misinterpretations of complex and difficult existential philosophy which then sets the basis for the different basic assumptions of their own existential psychotherapies is basically to say that existential psychotherapists cannot define *existential philosophy* in any single way which then sets the basis for different basic assumptions of different existential psychotherapies. The fact is that there is no reason to think that when existential psychotherapists are unable to define existential psychotherapy in any single way, they will be able to define existential philosophy in one single way. That is, there is no reason to think that existential philosophy is intrinsically easier for people to define than existential psychotherapy. If existential psychotherapists cannot define existential philosophy in any single way, they cannot know whether different forms of existential psychotherapy are indeed true forms of existential psychotherapy because they cannot check whether the basic assumptions of their forms of existential psychotherapy are derived from the basic assumptions of existential philosophy, since the latter do not exist.

One conclusion that I have come to is that Cooper's claim that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies leads to the consequence that if existential psychotherapists do not know the basic assumptions of existential psychotherapy (they cannot define existential psychotherapy in any single way), they would not know whether forms of existential

psychotherapy are truly existential psychotherapies. Another conclusion is that even if they compare the basic assumptions of forms of existential psychotherapy with the basic assumptions of existential philosophy, as opposed to existential psychotherapy, they still meet the same consequence in that they do not know whether forms of existential psychotherapy are truly existential psychotherapies because they do not know the basic assumptions of existential philosophy (they cannot define existential philosophy in any single way). All this, in turn, means that they are confused about what existential psychotherapy is.

2.6 A contradiction

Having made this claim which ultimately leads to the described consequence of which he might not be aware, my research suggests that Cooper and his colleagues have subsequently made a rather peculiar move. The move is simply that *they tried to define existential psychotherapy in one single way, as if they had suddenly become aware of the consequence that I have been describing and tried to find a way to avoid it.* In so doing, they can now compare the basic assumptions of existential psychotherapy with those of different forms of existential psychotherapy in order to determine whether these forms of existential psychotherapy are truly forms of existential psychotherapy. In turn, they avoid the consequence that I have described above.

However, the problem is clear: making this move basically means that they are not true to

their own claim (existential psychotherapy cannot be defined in one single way and one should speak of existential psychotherapies) and that they have in fact contradicted themselves and discredited their practice. This is what I now want to articulate.

Before I do so, I want to clarify one point. When I said that Cooper and his colleagues made a move attempting to define existential psychotherapy in one single way, *as if* they had suddenly become aware of the consequence of not doing so and now tried to find a way to avoid, I am not saying that they *have indeed become aware* of the consequence that I have described and that they want *consciously* to find a way to avoid it. The truth is that I do not know whether Cooper and his colleagues could in fact see the consequence that I have argued above. Neither am I sure whether they were trying consciously to avoid it by trying to define existential psychotherapy in one single way. The point is that there is evidence showing that Cooper and his colleagues have tried to define existential psychotherapy in one single way, as I will now show.

What makes me think that Cooper and his colleagues have tried to define existential psychotherapy in one single way? Recall Cooper's suggestion that although existential psychotherapy cannot be defined in any single way, there is a shared concern among *all* these forms of existential psychotherapy, namely, human lived-existence (see initial quotes at the beginning of this chapter). Now, if existential psychotherapy cannot truly be defined in any single way, how can Cooper be so precise in saying that existential psychotherapists *are all concerned with human lived-existence*? It seems to me that to say that *all* forms of

existential psychotherapy share this same concern is to suggest that there is, at least, one way of defining existential psychotherapy. That is, to tell whether X, Y and Z are forms of existential psychotherapies, one needs to make sure, at the very least, that the basic assumptions of X, Y and Z do allow therapists to be concerned about human lived-existence (thereby, the basic assumptions of X, Y and Z correspond to or have not violated this particular basic assumption of existential psychotherapy). If, on the other hand, the basic assumptions of X, Y and Z discourage therapists to be concerned about human lived-existence, one might say that they are not forms of existential psychotherapy because they have violated the basic assumption of existential psychotherapy that all existential psychotherapists are supposed to share.

Of course, I am not saying that this is *the only way* to define existential psychotherapy. Neither am I saying that being concerned with human lived-existence is a correct or an incorrect basic assumption of existential psychotherapy. The point is that Cooper and his colleagues showed a clear attempt to find at least one basic assumption for defining existential psychotherapy. He opened up opportunities for existential psychotherapists to compare the basic assumptions of their individual forms of existential psychotherapy with this one basic assumption of existential psychotherapy, in order to justify whether their forms of existential psychotherapy are true forms of existential psychotherapy. In other words, Cooper is contradicting himself in that he precisely tries to define existential psychotherapy by coming up with at least one assumption (all existential psychotherapies are concerned with human lived-existence) which all forms of existential psychotherapy

share and *which consequently bring them together*, despite the fact that there are differences between them.

To further justify my argument, let me focus on the phrase “human lived-existence”. It seems to me that the phrase “human lived-existence” is somewhat vague. One could argue that most therapies or many officially recognized non-existential psychotherapies are about human lived-existence. For example, the Freudians are concerned with human lived-existence in the sense that they conceptualize human lived-existence in terms of how our here and now existence resulted from past experience with our parents or significant others. Does this make psychoanalytic therapy a form of existential psychotherapy? Similarly, behavioural therapists are also concerned about human lived-existence in that they look at how our here and now lived-existence has been or is being shaped by countless environmental factors. Does this make behavioural therapy a form of existential psychotherapy?

To avoid the possibility for the emergence of the problem mentioned above, existential psychotherapists could argue that there is in fact a special definition, as opposed to a vague definition, for the term *human lived-existence*. For example, according to the Dictionary of Existential Psychotherapy and Counselling (Deurzen & Kenward, 2005), the word existence (*existere*) means to stand out or to emerge. Sartre (1946), for example, believes that we first of all exist, encounter ourselves, surge up in the world and define ourselves afterwards. There is no innate human nature. We are nothing else but what we make of ourselves. In

other words, all we can say is that we exist but our existence is never fixed once and for all. Instead, we continually recreate ourselves which means we are in a constant state of transition, emerging, evolving and becoming. Being human basically means we are discovering and making sense of our existence. There are no preexisting designs or meanings which are given to us. We have no predetermined character. This is why existential philosophers, like Heidegger, believed that Dasein has no essence. The essence of Dasein in fact lies in its existence. That is, Dasein's mode of being is to exist.

For argument sake, assume that the above passage represents this special definition for the term human lived-existence. So, to say that existential psychotherapists are all concerned with human lived-existence may mean to be concerned about, for example, how clients can be encouraged to think that they are not beings with predetermined characters, preexisting designs or meanings given to them but they can be empowered to recreate themselves, discover and make sense of their own destiny etc. Given this special and non-vague definition, one could argue that both the Freudians and the behaviourists would have difficulty in justifying that their practices are forms of existential psychotherapeutic practices. At the very least, the Freudian believes in the existence of innate human nature and the notion of essence. Similarly, the behaviourists believe that there is essence, that we are determined by endless stimuli and that we are not really what we make of ourselves. That is, one can distinguish between existential psychotherapies and non-existential psychotherapies precisely because of a non-vague but a special definition for existential psychotherapy.

Now, it seems to me that if existential psychotherapists can arrive at a non-vague, a non-common sense but a special definition of human-lived existence which serves to distinguish them from other non-existential psychotherapies, this reinforces further my argument that Cooper is not true to his claim that existential psychotherapy cannot be defined in any single way. That is, existential psychotherapy can precisely be defined in at least one single way with such a non-vague, and indeed single, special definition of human lived-existence that all existential psychotherapists share and that aims precisely to distinguish existential psychotherapies from non-existential psychotherapies. In other words, Cooper contradicts himself in that he tries to define existential psychotherapy by coming up with at least one non-vague, non-common sense but a special definition of human lived-existence which all different forms of existential psychotherapies share and which consequently bring them together, despite the fact that there are differences between them.

Let me move my argument a little further (the argument here being that Cooper and his colleagues have tried to define existential psychotherapy in one single way which, in turn, means that they are not true to their own claim). In addition to claiming that there is a shared concern in all existential psychotherapies, i.e. human lived-existence, further research shows that Cooper and his colleagues have also arrived at some kinds of *dimensions* which would help them decide whether such-and-such therapies are indeed forms of existential psychotherapy. van Deurzen & Arnold-Baker (2005) and Cooper (2003) have arrived at philosophical factors (see table 1) and therapeutic practices (table 2)

that, they believe, *all* existential psychotherapeutic approaches share. van Deurzen & Arnold-Baker (2005) in *Existential Perspectives on Human Issues: A Handbook for Therapeutic Practice* said “There are some underlying philosophical factors that *all* existential approaches have in common” (p.13). Although Cooper (2003) in *Existential Therapies* said the “therapeutic practices *tend* to be shared across the existential therapies” (p.138), elsewhere (van Deurzen and Arnold-Baker, 2005), he also referred to the same list of practices by saying “Across the existential therapies, *there are* a number of commonalities in therapeutic practice” (p.23). Essentially, Cooper is also saying what *all* existential therapies have in common in terms of therapeutic practice.

Table 1 The philosophical factors (van Deurzen & Arnold-Baker, 2005, p.13-14)

1	The therapeutic work will address questions about life and human living. It will encourage clients to explore their personal understanding of their existence. It will explore the meaning of their particular predicaments, both in terms of their universal significance and their very individual and personal implications
2	There will be an ongoing search for models of living that can improve people’s lives, without prescriptive endorsement of any particular model. Clients will usually be encouraged to consider how they are deceiving themselves or hanging on to counterproductive beliefs or illusions.
3	There will be openness to individual experience and a considered attempt to resonate with and articulate the life world and worldview of the client.

4	There will be considerable emphasis on grasping the cultural, political and social context that defines the client's position and attitudes.
5	The therapist will have the philosophical maturity to consider the opposite of any particular idea or experience that is discussed, keeping in mind the wider picture.
6	Clients will usually be encouraged to explore the polarities and paradoxes that underpin human living in general and their lives in particular.
7	The search for truth that existential therapists engage in with their clients is handled like a philosophical research project that cannot be embarked on lightly and that requires commitment and full engagement on both parts.
8	The process will consist in careful description of the client's experience and full exploration of its implications, reasons, purposes and consequences.
9	Verification with the client of any interpretations put forward is crucial in this process. It is the client's own narrative that leads the way, not the therapist's theoretical model.
10	There has to be an awareness of the importance of dialogue and exchange of views in quiet conversation, where each person is equal and capable of considering what can be learnt from the collaborative exploration.
11	There has to be a willingness to test our hypotheses about human living and revise these in the light of new findings. Existential therapy is a form of applied philosophy and needs to comply with rigorous standards of philosophical research and verification as well as with the requirements of direct and reciprocal human interaction and encounter.

Table 2 Shared therapeutic practices (Cooper, 2003, p.138)

1	The aim of the therapeutic work is to help clients become more authentic: to become more aware of their actual existence, and to live more in accordance with their true values, beliefs and experiences.
2	Therapists tend to work with the concrete actuality of clients' experiences, rather than viewing these experiences in terms of abstract or hypothetical constructs.
3	Clients are encouraged to acknowledge, and act on, their freedom and responsibility.
4	Clients are encouraged to acknowledge, accept and learn from the more "negative" feelings, such as anxiety, guilt, despair and a sense of tragedy.
5	Clients are encouraged to explore their present and future experiences, as well as their past ones.
6	Clients are encouraged to explore all aspects of their being---emotions, beliefs, behaviours, physiological responses and so on---and to see these aspects as fundamentally interconnected.
7	Therapists tend to be relatively genuine and direct with their clients, rather than adopting the role of a blank screen.
8	Flexibility and adaptability of practice tend to be emphasised over fixed and immovable boundaries.

In other words, despite there being different forms of existential psychotherapy, there are also shared philosophical factors and therapeutic practices which set the basis for helping us to recognize if X, Y and Z are indeed forms of existential psychotherapy. If you call

yourself an existential psychotherapist, you need to ask yourself to what extent you are sharing these philosophical factors and therapeutic practices or to what extent the basic assumptions that you hold correspond to (have not violated) these philosophical factors and therapeutic practices. Despite the differences between the British School, Logotherapy and Gestalt therapy that I described earlier, these forms of existential psychotherapy should share these philosophical factors and therapeutic practices. If they do not share them or if the basic assumptions that they individually hold violate (do not correspond to) these philosophical factors and therapeutic practices, one then wonders whether they are truly existential psychotherapies. Now, it seems to me that for Cooper and his colleagues to arrive at philosophical factors and therapeutic practices has provided me with more evidence that existential psychotherapy can indeed be defined in at least one single way.

That is, I am more and more convinced that Cooper and colleagues have contradicted themselves and discredited their own claim in that they try to define existential psychotherapy by coming up with not only a special definition of human lived-existence but also a whole set of philosophical factors and shared therapeutic practices which all different forms of existential psychotherapy share and which consequently *bring them together*, despite the fact that there are differences between them. In this context, the phrase *bring them together* basically means that due to sharing this definition, philosophical factors and therapeutic practices, existential psychotherapists of different forms of existential psychotherapy can relate to, communicate with, be sympathetic with and possibly work with each other. Of course, this does not mean that they necessarily whole-heartedly agree with

each other.

Let's now consider some possible reactions to what I have argued. One could argue that Cooper and his colleagues have not contradicted their own claim. Why? The reason is simply this. They *will never be able to* define existential psychotherapy in one single way. That is, even if they wanted to, they could never do it. Why? Because *there are always differences between different forms of existential psychotherapy*, despite their sharing some common features (sharing a special definition of human lived-existence and a whole set of philosophical factors and shared therapeutic practices). These differences basically make them distinctively and uniquely different from each other, despite some common features. In other words, each form can only be defined uniquely. So, it is simply impossible to define existential psychotherapy in one single way. Hence, they have not contradicted themselves.

The above response basically argues that my claim (Cooper and his colleagues have contradicted themselves whereby they try to define existential psychotherapy in a single way) is simply false because they cannot possibly be doing that, even if they wanted to. However, I do not see why we cannot still *define* forms of existential psychotherapy in one single way by coming up with a special definition, a whole set of philosophical factors or therapeutic practices which all different forms of existential psychotherapy share and which consequently bring them together, despite the fact that they are distinctively and uniquely different in some ways. For example, let's assume that I want to define what identical twins

are. It seems to me that I can define them by virtue of the fact that, on the surface, there are many similarities. However, they are distinctively or uniquely different in other ways such as temperament. In other words, I am able to define what twins are in one single way by describing the apparent similarities between them, despite the fact that there are differences between them. The fact that there are distinctively or uniquely individual differences between things does not mean that they cannot be defined in one single way. One has to bear in mind that to say that one can define X, Y and Z in one single way does not equate to saying that they need to be identical in all aspects.

Similarly, despite the distinctively or uniquely individual differences between human beings, one can still define human beings in a single way by saying, for example, that they are mammals who share the ability to communicate with other mammals using verbal and non-verbal language, reasoning skills, thinking in abstract terms and appreciating beauty. I am not claiming that this is the right way of defining what human beings are. But, the point is that one can arrive at a crude definition of human beings by describing the similarities between them which bring them together, despite the fact that there might be distinctive or unique differences between them in terms of the language they speak, their use of slang, of non-verbal languages, the way they express their feelings and exercise their reasoning skills, their use of abstract terms and how they decide what beauty and ugliness are. Some people might have additional abilities that other humans do not have. Yet, we should still be able to classify them as humans using our definition. Likewise we should be able to define existential psychotherapy by describing the similarities (the special definition of human

lived-existence and a whole set of philosophical factors and shared therapeutic practices) between different forms of existential psychotherapy which bring them together, despite the fact that there are differences between them.

One could reply to my argument above in this way. Assuming that I am comparing myself and a worm in my garden, I might say that we are similar in that we will die one day or in that we are animals. Yet, there are quite a lot of differences between us. So, if I accept my argument that we are still able to define existential psychotherapy in one single way by describing the similarities (the special definition of human lived-existence and a whole set of philosophical factors and shared therapeutic practices) between different forms of existential psychotherapy which bring them together, despite the fact that there are differences between them, I should also accept that I can define myself and my worm in one single way by describing a small similarity (we both die or we are animals), despite the fact that there are huge differences between us. Surely, my argument in that sense is absurd.

To respond, I will emphasise what I have been suggesting until now, that one has to take account of the fact that the similarities that we share have to somehow *bring us together*. By bringing us together, what I mean is that these similarities should enable us to relate, communicate and understand each other. The fact that I share one tiny similarity with a worm does not bring me and my worm together in that sense. For a start, my worm and I are two different kinds of things (a human vs an annelid). Thus, the reason why it is difficult, if not impossible, to define me and the worm in one single way by describing that

one tiny similarity is not because the similarity that I share is so tiny but because it *does not bring us together* in that it will never enable us to relate to, communicate with, be sympathetic with, work with and indeed live with each other.

On the other hand, returning to the example of human beings, it is much easier to define my next door neighbour and myself in one single way by describing the similarities between us, despite the fact that there are differences between us. The reason is that there are similarities (we are mammals who have the ability to communicate with other mammals using verbal and non-verbal language, reasoning skills, the ability to think in abstract terms and to appreciate beauty etc) that we share and which do *bring us together* (we can relate to, communicate with, be sympathetic with, possibly work and live with each other). At the very least, my next door neighbour and I belong to the human kind.

To sum up what I have argued so far, it seems to me that despite the fact that there are always unique and distinctive differences between different forms of existential psychotherapy, this does not mean that they cannot be defined in one single way. In that sense, Cooper jumped to the wrong conclusion (existential psychotherapy cannot be defined in one single way) when he discovered that existential psychotherapies are simply too different from each other. One can still define them in one single way by coming up with definite, philosophical factors or therapeutic assumptions that they share and that bring them together.

Let's consider another possible reaction to my claim that Cooper and colleagues contradict themselves in that they try to define existential psychotherapy. One might argue that there is a difference between pointing out similarities across all existential psychotherapies and defining existential psychotherapy. All Cooper and colleagues are doing is to point out similarities (a shared special definition of human lived-existence, and a set of philosophical factors and therapeutic practices) which all forms of existential psychotherapy share. This does not mean, however, that they are trying to define existential psychotherapy. But what's the real difference between pointing out similarities across existential psychotherapies and defining existential psychotherapy? Going back to the identical twins example, as I said, it seems to me that to define twins is to precisely point out the similarities between them.

Let's take another example. Assuming that I am now describing the similarities between elephants, I might say that they are all animals, have four legs, two big ears and a long trunk. They also cannot fly and cannot swim under water like dolphins. In so doing, am I also defining what an elephant is? My answer is yes. According to the Collins English Dictionary, if you define something, you show, describe or state clearly what it is and what its limits are. The Shorter Oxford English Dictionary explains "define" in a similar way. It means to determine the boundary or limits of something, to state precisely, to describe what makes a thing what it is, to characterize etc. It also means to set forth the essential nature of something. With this definition of the word *define*, it seems to me that when I am describing the similarities across elephants, I am at the same time defining what an elephant is. This is because I am at the same time showing, describing or stating clearly what

elephants are like, and what their limits or boundaries are. I am also describing their essential nature, namely, an animal as opposed to a statue made of clay.

Thus, when existential psychotherapists describe their practices by saying that they all share the same concern: human-lived existence, with shared philosophical factors and therapeutic practices, they are, in effect, *defining*, showing, describing or stating clearly what existential psychotherapy is like (e.g. existential psychotherapies who practice existential psychotherapy are like philosophers who question and explore with clients about life and human living, and the meaning of their own personal understanding of their existence. They assist clients to explore the polarities and paradoxes that underpin human living in general) and what their limits or boundaries are (e.g. they do not focus on curing symptoms using behavioural programmes). So, I am inclined to conclude that for existential psychotherapists such as Cooper and his colleagues to try to point out similarities across forms of existential psychotherapy is to define what existential psychotherapy is.

Finally, Cooper and his colleagues could argue that they have not contradicted themselves because for them to come up with the special definition, the philosophical factors and therapeutic practices, they are really speaking about their own form of existential psychotherapy. That is, according to their own form of existential psychotherapy, existential psychotherapists should share these philosophical factors and therapeutic practices. They are not trying to define existential psychotherapy in one single way. The position which underlies this response is consistent with the position which underlies the

initial claim (existential psychotherapy cannot be defined in one single way and one should speak of existential psychotherapies). This is the relativist position. However, this position would only turn Cooper and his colleagues against themselves.

Relativism is unsatisfactory both as a theory and as a practical doctrine. As a theory, it shows no more credibility than any other. Instead, it refutes itself and is self referentially incoherent. Why should the truth or validity of relativism be trusted, since relativism is precisely arguing that the truth and validity of theories is relative? As such, there is no way of measuring epistemic adequacy or rightness and hence, of distinguishing between the rightness or wrongness of these philosophical factors and therapeutic practices and indeed his initial claim (existential psychotherapy cannot be defined in one single way but that one should speak of existential psychotherapies). It then follows that the notion of truth is undetermined. If that is the case, relativism itself cannot be true. In practice, the doctrine of relativism leads people like Cooper and his colleagues to follow unguided choice and their own arbitrary whim or inclination. So, these philosophical factors and therapeutic practices could result from their own arbitrary whim or inclination.

In other words, while Cooper and his colleagues are proposing the claim that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies, and a set of philosophical factors and therapeutic practices which define what existential psychotherapy is (and which, in turn, help them to know whether what they or others are practising are existential psychotherapies), they are in fact proposing claims,

factors or practices whose truth or validity cannot be trusted and which might result from their own arbitrary whim or inclination.

Cooper and his colleagues could argue that it's simply absurd to think that this special definition, philosophical factors and therapeutic practices are derived from their own arbitrary whim or inclination. Quite the contrary, they are derived from long-standing philosophical ideas, primarily based on existential philosophy and from years of therapeutic practice which is based on these fundamental philosophical ideas.

But, the problem is that due to Cooper's and colleagues' fundamental relativist position, to say that all existential psychotherapies share this special definition and philosophical factors and therapeutic practices is only relative in that the interpretation of this sharing and the interpretation of what constitutes these factors and practices result from the existential school to which they belong and their own therapeutic experiences.

In that case, they are basically discrediting what they have been claiming, that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies. To argue that all existential psychotherapies share the same concern and the aforementioned philosophical factors and therapeutic practices is part of the individual assumption adopted by the school where Cooper and his colleagues belong is to say that *not all* existential psychotherapies share this human concern, philosophical factors and therapeutic practices. That is, people who do not belong to Cooper and colleagues'

existential school may not have adopted these philosophical factors and therapeutic practices. They are discrediting what they themselves are saying.

In fact, one could argue that what traps existential psychotherapists in this situation stems from the fact that they have adopted a *relativist* position to look at their own discipline. Cooper's claim that existential psychotherapy cannot be defined in any single way and that one should speak of existential psychotherapies implies that right from the start, these existential psychotherapists are going to be different in terms of viewing, understanding and interpreting a variety of things including the basic assumptions which set the basis for their clinical practice and the basic assumptions for existential philosophy. Right from the beginning, they believe that the truth, the validity or the epistemic certainty in terms of defining existential psychotherapy depend on the personal view of the knower (the existential psychotherapist). They therefore have to relinquish the notion of existential psychotherapy but adopt the notion of existential psychotherapies. This, in turn, traps them in the situation that I have argued above.

Given what I have argued thus far, I have to say "what is existential psychotherapy?" is still unclear to me. "How do we know that Logotherapy or the British School of Existential Psychotherapy etc are truly forms of existential psychotherapy?" remains unanswered to me. More importantly, I am not sure if the notion of existential psychotherapy is clear to the existential psychotherapists themselves. To insist on Cooper's claim (existential psychotherapy cannot be defined in one single way and that one should speak of existential

psychotherapies) would only lead to their not knowing what existential psychotherapy is. Meanwhile, they seem to go against their own claim by showing clear attempts to define existential psychotherapy in one single way. That is, they are not committed to their own claim. In other words, it is unclear whether they truly believe that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies.

The foregoing consequence that existential psychotherapists have to suffer and the contradiction in which they find themselves suggest to me a lack of clarity among existential psychotherapists in knowing what existential psychotherapy is. This does not mean that they do not know how to practice what they call existential psychotherapy. But whether what they practice is truly existential psychotherapy remains uncertain. So, on a daily basis, they practice as if such uncertainty does not exist. Instead, they take for granted the notion that they are indeed practicing a form of existential psychotherapy.

2.7 Summary

In this chapter, I have argued that existential psychotherapists are confused about what existential psychotherapy is. I started the chapter with Cooper's claim that existential psychotherapy cannot be defined in one single way but that one should speak of existential psychotherapies. Yet, it is not clear to me how he knows whether individual forms of existential psychotherapy such as Logotherapy or the British School of Existential

Psychotherapy etc are truly forms of existential psychotherapy. Before examining this further, I regurgitated Cooper's thesis and showed, based on my own analysis, that by comparing with the basic assumptions set out by the British School of Existential Psychotherapy, the ideologies of Logotherapy and Gestalt therapy have indeed violated the basic assumptions of the British School, implying that existential psychotherapy cannot be defined in one single way. This seems to support Cooper's notion that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies. However, I disagree with Cooper's claim.

I then asked the question: What is the consequence of holding onto Cooper's claim? The answer is: existential psychotherapists would therefore not know whether Logotherapy, the British School of Existential Psychotherapy or other forms of existential psychotherapy are truly forms of existential psychotherapy. That is, if we cannot define existential psychotherapy in any single way, we cannot define forms of existential psychotherapy either. In turn, I am arguing that to hold onto this claim would only make it difficult to know what existential psychotherapy is.

I then considered two arguments against the consequence that I have outlined above. Firstly, one could argue that my line of argument results from my failure to let go of the notion of existential psychotherapy. If I stop thinking in terms of this notion called existential psychotherapy, I may find that the consequence does not need to arise. The implication is that I should accept each form of existential psychotherapy as it is. However,

the problem to this argument is that anyone can then call themselves existential psychotherapists.

Secondly, Cooper can hold onto his claim that existential psychotherapy cannot be defined in one single way and one should speak of existential psychotherapies, as long as he can compare the basic assumptions of different forms of existential psychotherapy with the basic assumptions of existential philosophy, as opposed to existential psychotherapy, in order to determine whether these forms of existential psychotherapy are truly existential psychotherapies (i.e. to find out whether the basic assumptions of different forms of existential psychotherapy are or are not mainly derived from the basic assumptions of existential philosophy). In other words, while Cooper insists on his claim, he can, at the same time, find out for us whether these different forms of existential psychotherapy are indeed true forms of existential psychotherapy and avoid the consequence that I have argued for (namely that if we do not know the basic assumptions of existential psychotherapy, we would not know whether forms of existential psychotherapy are true existential psychotherapies).

However, the foregoing argument is problematic because existential psychotherapists, as I have argued, cannot define existential philosophy in any single way. In turn, this means that they cannot know whether different forms of existential psychotherapy are indeed true forms of existential psychotherapy because they cannot check whether the basic assumptions of their forms of existential psychotherapy are derived from the basic

assumptions of existential philosophy.

I then moved on to show a contradiction in that Cooper and his colleagues have in fact tried to define existential psychotherapy in one single way. In other words, they are not true to their own claim that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies. Cooper and his colleagues have defined existential psychotherapy by saying that existential psychotherapists are all concerned with human lived-existence, and by arriving at philosophical factors and therapeutic practices which would help them decide whether such-and-such therapies are indeed forms of existential psychotherapy.

I then considered some possible replies to the above contradiction. Firstly, although existential psychotherapies share a special definition of human lived-existence and a whole set of philosophical factors and shared therapeutic practices, there are always differences between existential psychotherapies. This means that existential psychotherapists will never be able to define existential psychotherapy in one single way.

However, I have argued that one can indeed define forms of existential psychotherapy in one single way by coming up with a special definition, and a whole set of philosophical factors or therapeutic practices which all different forms of existential psychotherapy share and which consequently bring them together, despite the fact that they are distinctively and uniquely different in some ways.

Secondly, one could argue that what Cooper and colleagues are doing is to point out similarities or common features (a shared special definition of human lived-existence, and a set of philosophical factors and therapeutic practices) which all forms of existential psychotherapy share. However, this does not mean that they are trying to define existential psychotherapy. I have argued that in fact, for Cooper and his colleagues to point out similarities across forms of existential psychotherapy is to define what existential psychotherapy is.

Finally, Cooper and his colleagues could argue that they have not contradicted themselves because for them to come up with the special definition, and the philosophical factors and therapeutic practices, they are really speaking about their own form of existential psychotherapy. In other words, they are not trying to define existential psychotherapy in one single way. The problem of this argument is the problem of relativism. That is, the truth or validity of whatever Cooper and his colleagues are advocating cannot be trusted and might result from their own arbitrary whim or inclination.

The upshot of what has been argued is that “what is existential psychotherapy?” is still unclear to me. The question: “How do we know that Logotherapy or the British School of Existential Psychotherapy etc are truly forms of existential psychotherapy?” remains unanswered for me. To insist on Cooper’s claim would only lead to the consequence that we would not know what existential psychotherapy is. Meanwhile, they seem to go against their own claim by showing clear attempts to define existential psychotherapy in one single

way. That is, they are not committed to their own claim. In other words, it is unclear whether they truly believe that existential psychotherapy cannot be defined in one single way and that one should speak of existential psychotherapies.

Chapter 3 Existential Psychotherapy, Cognitive-Behavioural Therapy and Multimodal Therapy: A Possible Integration?

In the previous chapter, I have argued that “what is existential psychotherapy?” remains unanswered to me. I have implied that existential psychotherapists might not even know what it is. To this end, one could argue that from this point onwards, I can no longer discuss conceptual confusion embedded within existential psychotherapy precisely because no one seems to know what it is. But, for the sake of continuing our discussion, I now need to take for granted what existential psychotherapists have taken for granted, that the notion of existential psychotherapy does exist. Thus, throughout the thesis, the form of existential psychotherapy that I want to take for granted for the sake of continuing our discussion is mainly the one defined by the British school of existential psychotherapy, although from time to time, ideas from other existential psychotherapists such as Boss, Bugental and Yalom (see Chapter 5) will be discussed. Some of the representatives from the British school include van Deurzen and Spinelli.

One thing which is clear from what has been said in the previous chapter is that existential psychotherapy, as far as contemporary existential psychotherapists are concerned, is a form of psychotherapy with its own intellectual framework. The British school of psychotherapy is a form of psychotherapy with its own intellectual framework. Similarly, Logotherapy is a form of existential psychotherapy with its own intellectual framework. This is why Cooper speaks of existential therapies. However, in recent years, some researchers have deliberately focused on some general existential psychotherapeutic assumptions which constitute a

generic intellectual framework of existential psychotherapy. The motive for doing this is so that they can integrate such a framework with some other psychotherapeutic approaches (e.g. behavioural, cognitive, psychoanalytic, pharmacological and interpersonal) (Schneider, 1998; Schneider & May, 1995). After all, a framework should potentially be something of use to psychotherapists with different psychotherapeutic approaches.

Indeed, increasingly, research studies have demonstrated such integration in that existential psychotherapeutic practices or principles have been integrated with, for example, hypnosis to address the psychological distress of cancer patients with a terminal status (Iglesias, 2004),¹ poetry therapy or art therapy to address difficulties among couples or family members (Furman, 2003; Lantz, 1997; Lantz & Alford, 1995),² and music therapy to help people with a long history of psychosis (Bohnert, 1999), and depth psychology (Freud and Jung) to help people with violence tendency (Diamond, 2003).

It has been postulated that cognitive-behavioural therapy is another therapeutic approach which can be integrated with existential psychotherapy (Bornstein, 2004; Corrie & Milton, 2000; Roysircar, 2004; Wong, 1997). Such integration could possibly help people with difficulties including psychosis (Spinelli, 2001), cancer (Kissane et al, 1997),³ work stress

¹ That is to address the existential conflicts (the notions of death anxiety, existential isolation, existential meaninglessness) associated with patients' terminal status, as well as using hypnotic suggestion to manage the pain, nausea and vomiting.

² The idea is that for couples or family members to read, write or share poems or to paint or discuss paintings can help to uncover their own meaning potentials, and actualize and make use of such meaning potentials in the here and now.

³ Roysircar thought that to treat child survivors of war, one could combine existential psychotherapy with cognitive-behavioural therapies. Bornstein thought that although traditional interventions are useful to an extent for treating people with problematic dependency, integrated treatment strategies may be more promising. One potential useful integrated treatment is the combination of therapeutic assumptions of cognitive and existential psychotherapies. It aims to change dependency-related thoughts, behaviours and

(Dingle, 2002)⁴ and posttraumatic stress disorder (Shalev et al, 1993). One could say that this integration is somewhat surprising because typically, cognitive-behavioural and existential psychotherapies are thought to be so diverse in their assumptions that it would not be feasible to integrate them. In addition to cognitive-behavioural therapy, multimodal therapy has been advocated for possible integration with existential psychotherapy (Rugala & Waldo, 1998). As I will explain later, multimodal therapy has its roots in behavioural therapy and cognitive-behavioural therapy. So, one could argue that this integration is again somewhat surprising.

The question with which I am concerned in this chapter is: How well can the basic assumptions of existential psychotherapy be integrated with cognitive-behavioural therapy and multimodal therapy? It is worth noting that to make our discussions possible, throughout this chapter, by the basic assumptions of existential psychotherapy, I am mainly referring to those which are set out by Deurzen and her associates from the British School. In other words, I am taking for granted the idea that the British School of Existential Psychology is indeed a true form of existential psychotherapy (see the previous chapter).

emotional reactions. Spinelli thought that although existential psychotherapies and cognitive-behavioural therapies are substantially independent of one another, these approaches share some commonalities including the fact that they focus on interpsychic and interpersonal factors. Kissane et al thought that while the cognitive approach can help clients to develop, for example, problem solving skills, enhance a sense of mastery over life and restructure automatic negative thoughts, the existential approach can help clients to address existential issues such as death anxiety, living with uncertainty, relationship with others and future goals. Wong advocates the idea of meaning-centered counselling which is thought to extend the basic therapeutic assumptions of Logotherapy to cognitive-behavioural processes.

⁴ In this integrated cognitive-existential approach, this client was helped to explore the cognitions about work, marital relationship and prospective motherhood roles underlying existential issues such as finding meanings in life and her fear of being alone and unloved.

To address this question, I will firstly describe individually the recent claims in psychotherapy or psychology literature which suggest that existential psychotherapy and cognitive-behavioural therapy or multimodal therapy are integratable. I will then make some critical remarks on these claims individually. As one will see, I will basically suggest that there are fundamental differences between existential psychotherapy and cognitive-behavioural therapy or multimodal therapy which would make it extremely difficult, if not impossible, for them to be integrated, despite their prima facie compatibility. In short, the basic assumptions of existential psychotherapy do not integrate well with the cognitive-behavioural therapy or multimodal therapy.

Before I begin my arguments, I wish to make a remark on a possible interpretation of the direction of such integration. Some people might say that psychotherapy or psychology literature thus far has emphasized mainly one direction of integration, that of cognitive-behavioural therapists or multimodal therapists who integrate existential psychotherapeutic fundamental basic assumptions with their practices, as opposed to existential psychotherapists who integrate cognitive-behavioural or multimodal therapeutic assumptions with their practices. However, I want to say that while literature might have emphasized this one-way integration, they have not prohibited integration in the other direction. Indeed, Rollo May (1989), a well-known American existential psychotherapist, said that existential psychotherapists are free to use a variety of approaches provided that they are consistent with the fundamental basic assumptions. Since this thesis is a critique on existential psychotherapy, my examinations here will focus on the effect

of existential psychotherapists integrating or *intending* to integrate cognitive-therapeutic or multimodal therapeutic assumptions.

3.1. A brief description of cognitive-behavioural therapy

Let me begin with the integration of existential psychotherapy and cognitive-behavioural therapy. But first, let me describe briefly what cognitive-behavioural therapy is. Cognitive-behavioural therapists focus on helping clients to bring about changes in their emotion and behaviour by means of changing their cognitive processes and schemas. They help clients to ascertain whether they are making the most adaptive and rational interpretations of situations and display behaviours which are consistent with this *new angle*. In other words, cognitive-behavioural therapists believe that clients' interpretations and evaluations of events are the major influences on their emotional and behavioural responses rather than the events themselves. For example, much of clients' thinking is driven by the irrational thinking patterns of moral imperatives such as "must", "have to", "should" and "ought". Consequently, clients could develop distorted or maladaptive beliefs and interpretations of different situations, which ultimately affect their emotions and behaviours. Cognitive-behavioural therapists might help clients to develop skills to restructure their cognition⁵ by educating them to address their irrational thinking patterns. In addition, cognitive-behavioural therapists would train clients to develop the coping skills to deal with daily

⁵ To help clients, cognitive-behavioural therapists might use different forms of cognitive-behavioural therapy such as Rational Emotive Therapy (see Ellis, 1962), Cognitive Therapy (see Beck et al, 1979) and Structural Cognitive Therapy (see Liotti, 1986).

difficult or stressful situations, and problem-solving skills.⁶ So, cognitive-behavioural therapy is not a single form of therapy but a collection of different techniques and forms of intervention.

In general, cognitive-behavioural therapy is characterized by a structured relationship similar to that between trainers and trainees, or teachers and students. Cognitive-behavioural therapists focus on collaborative therapeutic strategies with clients and begin their therapies with an elaborate and a well-planned rationale. Clients are provided with an explanation of their difficulties and of the steps involved in helping them to overcome their difficulties. Cognitive-behavioural therapy is target and goal oriented in which clients are helped to target their problems by means of techniques and strategies. Cognitive-behavioural therapy is psycho-educational in that therapists teach their clients skills and explicit, agreed and well-defined treatment strategies that they can use to address their difficulties in present (not past) daily life. Cognitive-behavioural therapists encourage their clients to practise their skills outside of therapy sessions and to attribute any improvement from therapy to their own developing skills rather than the skills of therapists. Cognitive-behavioural therapists emphasize the importance of the empirical validation of therapy.⁷

⁶ *Coping skills*: Clients, for example, might be taught Stress Inoculation Training (SIT) (See Meichenbaum, 1985) which aims to reduce and prevent the occurrence of stress, resulting from the interaction between clients and their environment. Clients might be taught what to say to themselves when confronting stressful situations and how to respond to difficult situations. *Problem-solving*: The problem-solving (Nezu et al, 1989) skills aim to help clients to realize that their inability to solve problems leads to the development and persistence of their difficulties. There are different stages involved in acquiring problem-solving skills. Basically, clients need to learn to identify or locate a problem and define it. They then need to generate as many alternative solutions as possible, and subsequently choose the best one. They then learn to implement the solution and review the progress of therapy.

⁷ These characteristics are taken from descriptions of cognitive-behavioural therapy according to Scott & Dryden (1996); Scott, Stradling & Dryden (1995); Lovell, (2000).

Keeping this brief description of cognitive-behavioural therapy in the background, what recent psychotherapy or psychology literature suggest a possible integratable paradigm between existential psychotherapy and cognitive-behavioural therapy? Some of it has been categorized under the following themes: Distorted or maladaptive beliefs and schemas, therapeutic relationship, examining current subjective experience, increasing self-awareness and helping clients to stand alone or realize their existential isolation.⁸

3.2 Distorted or maladaptive beliefs and schemas

With regard to the claim pertaining to the theme of distorted or maladaptive beliefs and schemas, it states that existential psychotherapists assist clients to address their thinking and feeling that they are passive and directed by others, that they ought to do such and such for other people and that they have to meet others' expectations and please others. Similarly, cognitive-behavioural therapists focus on conceptualising and dealing with clients' problems and symptoms in terms of their habitual, distorted or maladaptive patterns of feeling, thinking and relating to themselves and others.⁹

⁸ I have put together the following claims from points made in articles written by Edwards (1990), Butcher, (1984), and Ottens & Hanna (1998). The reason for my focus on these articles as opposed to other ones is because, to me, they have provided richer conceptual comparisons between existential psychotherapies and cognitive-behavioural therapy than other articles.

The expositions have been summarized which means that detailed descriptions of the claims have been excluded. Readers are encouraged to refer to the articles for more detail. This is by no means a comprehensive list of all the claims postulated. Also, although I have categorized these claims under specific themes, there may be some overlap.

⁹ These habitual, distorted or maladaptive beliefs and schemas also include self-defeating thoughts which are believed to have developed as a result of the dysfunctional socializing experiences with early significant others or peers, and which continued throughout clients' lifetime. Burns (1980) described 10 most common self-defeating thought processes. 1. *All or nothing thinking* means that clients see everything in black and white terms. 2. *Over-generalization* arises due to the experience of one negative event which means clients think that they will likely experience other negative events. 3. *Mental filter* means that

I think it is quite right to say that at some stage in their therapy sessions, both existential psychotherapists and cognitive-behavioural therapists would likely assist clients to explore their feelings of ought (i.e. they ought to do such and such for others), their thoughts about having to meet other people's expectations and please others. However, I think it's mistaken to think that this would open up the possibility of integration of for both existential psychotherapy and cognitive-behavioural therapy. The reason is simply this.

We know from the fundamental basic assumptions of existential psychotherapy that existential psychotherapists do not focus on getting rid of or curing clients' symptoms and problems. If that's true, one would expect that when existential psychotherapists are assisting their clients to explore their feelings of ought, their thoughts about having to meet other people's expectations and please others etc, they do not perceive these feelings and thoughts as clients' problems and symptoms, hence some distorted or

clients dwell on the negative aspect of a situation, and ignore the positive aspect of the same situation. 4. *Automatic discounting*, similar to mental filtering, is when clients tend to absorb negative information and summarily discount positive information. 5. *Jumping to conclusions* is when clients draw a conclusion from some irrelevant evidence. 6. *Magnification and minimization* is when clients magnify imperfections and minimize positive attributes. 7. *Emotional reasoning* denotes clients' use of feelings as evidence to support the truth of a situation. 8. *Should* statements is when people rely excessively on "shoulds", "musts" and "oughts". 9. *Labeling and mislabeling* means that clients might have distressing emotional reactions due to some inappropriate labels. 10. *Personalization* is an egocentric interpretation of some interactions between people who they happen to come across. Apart from these 10 self-defeating thought processes, there are other maladaptive schemas including: *Impaired autonomy* refers to clients' expectations about themselves and the environment which interfere with their ability to separate, live and function independently. *Disconnection* refers to clients' expectations that their need of nurturing, stable, trustworthy, empathetic, and intimate relationships will never be met. *Undesirability* refers to clients' expectation that they are not desirable to others because of their physical appearance, social skills, worth, moral integrity, personality, career, achievements etc. *Restricted self-expression* refers to clients restricting or suppressing their emotions, impulses, natural tendencies, preferences so that they can gain other people's respect avoid the feeling of guilt. *Insufficient limits* refers to the fact that clients have too many personal wants making it difficult to meet others' expectations or achieve their own personal goals (See Young, 1990; Scott & Dryden, 1996).

maladaptive beliefs or schemas, which need to be eradicated. That is, to existential psychotherapists, what cognitive-behavioural therapists call distorted or maladaptive beliefs and schemas are not recognized as distorted or maladaptive but simply feelings or thoughts that they explore with clients. On the contrary, when cognitive-behavioural therapists help clients to address their feelings of ought, their thoughts about having to meet other people's expectations and having to please others etc, they do perceive these feelings and thoughts as clients' problems or symptoms, and do consider them distorted or maladaptive beliefs and schemas which need to be eradicated, using relevant treatment techniques and strategies.

While existential psychotherapists do not focus on getting rid of or curing clients' symptoms and problems, neither do they focus on importing normative theories, gathering evidence or holding onto assumptions or presuppositions in order to explain to clients that their feelings of ought, their thoughts about having to meet other people's expectations and having to please others etc are the source of their problems. On the contrary, cognitive-behavioural therapists, it seems to me, do explain to clients, by means of theories, evidence, assumptions etc, that such distorted or maladaptive thinking patterns are the source of their problems.

Given the above, I am arguing that on a prima facie level, while both existential psychotherapists and cognitive-behavioural therapists are seemingly doing similar things in assisting clients to address their feelings of ought, their thoughts about having to meet other people's expectations and having to please others etc, they are in fact doing so with

implicitly different embedded perceptions and beliefs. As a result, one can argue that existential psychotherapists and cognitive-behavioural therapists are not in fact doing similar things because the fundamental perceptions and beliefs behind apparently similar actions are in fact quite different, even opposite and in direct conflict. Now, it seems to me that these differences would make it extremely difficult for existential psychotherapists to integrate their practice with that of cognitive-behavioural therapists. If existential psychotherapists were to press on with integration with cognitive-behavioural therapy practice, as part of their philosophical exploration with clients, they would be obliged to inherit these different, opposite and directly conflicting perceptions and beliefs, i.e. perceiving clients in terms of their problems or symptoms; perceiving, conceptualising, assessing, diagnosing clients in terms of distorted or maladaptive beliefs and schemas, and arriving at treatments which are specific for changing or eradicating these beliefs and schemas as part of their exploration. They would also be obliged to inherit the idea that clients need the source of their problems to be explained to them.

3.3 Therapeutic relationship

Another claim which suggests a possible integratable paradigm between existential psychotherapy and cognitive-behavioural therapy is this. Existential psychotherapists emphasize the importance of the empathic and collaborative therapeutic relationship. Cognitive-behavioural therapists also see the importance of such a relationship, through which they monitor and identify clients' maladaptive or dysfunctional interpersonal cognitions and behaviours. They also provide feedback to clients about what they have

monitored and identified. This feedback is thought to help clients to become conscious of their interpersonal issues which in turn helps them to free themselves from the cycle of maladaptive or dysfunctional patterns of cognition and behaviour.¹⁰

The claim continues to state that within this empathic and collaborative therapeutic relationship, existential psychotherapists attempt to enter into the world as their clients experience it. Cognitive-behavioural therapists also recognize the need to accurately enter clients' idiosyncratic worlds. In fact, one of the criteria in Beck's Cognitive Therapy Scale¹¹ which aims to assess cognitive-behavioural therapists' therapeutic performance is that of *understanding*, i.e. how well cognitive-behavioural therapists can enter into clients' worlds, understand and experience life in the way that clients do and how well therapists convey this understanding to their clients.

While both existential psychotherapists and cognitive-behavioural therapists are engaging in the similar activity in developing a good therapeutic relationship (i.e. an empathic and collaborative therapeutic relationship) with clients and in entering into clients' idiosyncratic

¹⁰ For example, cognitive-behavioural therapists might give feedback to clients that they often change the subject during the therapy sessions. The clients can then observe themselves changing subjects, particularly when they are anxious about what, they think, their therapists are thinking about them (e.g. being weak).

¹¹ Beck's Cognitive Therapy Scale (See Young & Beck, 1980) is filled in by clients themselves in order to assess the therapy sessions. This scale measures 6 areas: 1. *Agenda* is about how therapists work with clients to set an appropriate agenda in order to tackle the problem. 2. *Feedback* is about whether therapists are able to elicit and respond to verbal and non-verbal feedback throughout the sessions. 3. *Understanding* is about the degree to which therapists can understand clients' internal reality thoroughly and therapists can communicate their understanding to their clients through appropriate verbal and non-verbal responses. 4. *Interpersonal effectiveness* is about measuring the degree of warmth, concern, confidence, genuineness and professionalism appropriate for the clients. 5. *Collaboration* measures how therapists encourage clients to take an active role (e.g. offering choices) as much as possible, during the session, so that they can work as a team. 6. *Pacing and efficient use of time* is about whether therapists use time effectively by tactfully restricting peripheral and unproductive discussion and pacing the session as appropriately as possible for the clients.

worlds in this therapeutic relationship, it seems to me that they do so with different purposes. Also, despite engaging in similar activity, the nature of the therapeutic relationships is in fact quite different between existential psychotherapists and cognitive-behavioural therapists. I wish to argue that these differences would indeed make it difficult for existential psychotherapists to integrate their therapeutic practice with cognitive-behavioural therapists.

Judging from the exposition of the claim, cognitive-behavioural therapists' purposes in developing a good therapeutic relationship with clients and entering into their idiosyncratic worlds are as follows. Firstly, it would help with monitoring and identifying clients' maladaptive or dysfunctional interpersonal cognitions and behaviours. Secondly, it would help in providing feedback to clients so that they can become conscious of their maladaptive or dysfunctional interpersonal cognitions and behaviours. Thirdly, it would help implement treatment techniques for clients. Let's consider the following quote from two experts in cognitive-behavioural therapy:

“Within cognitive-behaviour therapy, the therapeutic relationship has received much less attention than the technical aspects of counselling. This has not been because the therapeutic relationship was thought unimportant but rather that it was taken for granted that a good therapeutic relationship was a necessary but not sufficient condition for client change” (Scott & Dryden, 1996, p.169)

One message from this passage is that a good therapeutic relationship with clients is necessary and is necessarily accompanied with the implementation of treatment techniques. In other words, to simply have a good therapeutic relationship with clients is not sufficient. Similarly, to implement treatment techniques without a good therapeutic relationship is not sufficient either. Both are necessary and go hand in hand. Thus, to develop a good therapeutic relationship with clients and to enter into clients' idiosyncratic worlds would help with the implementation of treatment techniques.¹²

Judging from the fundamental basic assumptions of existential psychotherapy, existential psychotherapists' purpose in developing a good therapeutic relationship with clients and entering into their idiosyncratic worlds is to engage in philosophical explorations with clients about their personal ways of viewing life experience and the world, about their goals in life, taken-for-granted preconceptions and assumptions, and their general attitude toward living. In other words, existential psychotherapists' purpose is quite different from that of cognitive-behavioural therapists. It is not about monitoring and identifying clients' maladaptive or dysfunctional interpersonal cognitions and behaviours, nor about providing feedback to clients to make them conscious of their maladaptive or dysfunctional interpersonal cognitions and behaviours, nor about implementing treatment techniques (Obviously, the existential psychotherapists with whom I am now comparing cognitive-behavioural therapists are those who wholeheartedly adopt the fundamental basic

¹² Of course, I by no means imply that these three purposes are independent of each other. They do overlap to a large extent. For example, monitoring and identifying clients' maladaptive or dysfunctional interpersonal cognitions and behaviours (purpose 1), and providing feedback to clients about their maladaptive or dysfunctional interpersonal cognitions and behaviours (purpose 2) can be parts of the implementation of treatment techniques (purpose 3). Also, I by no means imply that these three purposes are the only ones for which cognitive-behavioural therapists develop a good therapeutic relationship with

assumptions rather than those who practise treatment techniques [e.g. Frankl and Perls]. I have already given critiques on the latter in the previous chapter).

Also, although existential psychotherapists and cognitive-behavioural therapists are engaging in the similar activity of developing a good therapeutic relationship with clients and trying to enter into their idiosyncratic worlds, they are in fact arriving at a kind of therapeutic relationship which is quite opposite in nature. Judging from the brief introduction to cognitive-behavioural therapy mentioned earlier, the cognitive-behavioural therapeutic relationship is similar to that between trainers and trainees or teachers and students in which cognitive-behavioural therapists provide clients with an explanation of their difficulties, teach clients different steps to help them overcome their difficulties, and teach them skills and well-defined treatment strategies that they can use to deal with difficulties in daily life. Such a therapeutic relationship is also characterized by a high degree of structure in which cognitive-behavioural therapists begin their therapy with an elaborate and well-planned rationale, and targets and goals for dealing with the maladaptive or dysfunctional aspects of clients.

On the other hand, the existential psychotherapeutic relationship is similar to that between co-authors (the therapist and client) who try to write a book together about life. This relationship is characterized by the notions of *being with* and *being for* the clients. Being with the clients is for therapists to acknowledge the interdependence between therapist and client, to confirm no objective truth of clients' statements, but to acknowledge and stay with

clients and enter into clients' idiosyncratic worlds. However, I think these three purposes are sufficient for the present discussion.

clients' perceptions of things which await examination and clarification. Being for the client means that as part of the therapeutic relationship, existential psychotherapists attempt to enter into clients' experiential world, thus enabling clients to experience a form of reflecting self encounter with the therapist who seeks to be the self of the client (Spinelli, 1994, 1996). Essentially, the existential psychotherapeutic relationship is not characterized by a trainer and trainee or teacher and student type of relationship. It does not attempt to provide explanations for clients or teach clients skills or strategies. Also, the structure of the existential psychotherapeutic relationship is much less structured than that of cognitive-behavioural therapy.

Apart from the above explicit differences in the nature of the therapeutic relationship between existential psychotherapy and cognitive-behavioural therapy, there are other implicit differences. For example, the cognitive-behavioural therapeutic relationship is essentially characterized by an imbalance of power (i.e. therapists being trainers or teachers and clients being trainees or students) and subsequently the protection of the professional mystique whereas the existential psychotherapeutic relationship is characterized by an attempt to go alone or alongside their clients (Spinelli, 1994, 1996) and subsequently dilute the professional mystique. An other implicitly contrasting characteristic of the cognitive-behavioural therapeutic relationship is the importance of treating clients in a direct manner (i.e. deciding clients' goals and targets and tackling problems "head-on" using appropriate treatment techniques) whereas the existential psychotherapeutic relationship emphasises exploration with clients in an indirect manner.

Thus, I have argued that, *prima facie*, both existential psychotherapists and cognitive-behavioural therapists are doing a similar thing in developing a good therapeutic relationship with clients and trying to enter into clients' idiosyncratic worlds. In essence, however, there are differences in terms of their purposes in doing so and in terms of the nature of the therapeutic relationship. These differences would surely make it very difficult for existential psychotherapists to integrate their practice with cognitive-behavioural therapists. For such integration to happen, existential psychotherapists would have to consider, for example, monitoring and identifying clients' maladaptive or dysfunctional interpersonal cognitions and behaviours, providing feedback to clients to make them conscious of their maladaptive or dysfunctional interpersonal cognitions and behaviours, and implementing treatment techniques for clients. Also, they would need to consider adopting a hierarchical therapeutic relationship such as that between trainers and trainees or teachers or students, which is more teaching oriented and structured with goals and targets etc.

A few clarifications need to be made before I close this section. Having argued the above, I am conscious of a possibly misleading impression that I might have created regarding the differences between existential psychotherapy and cognitive-behavioural therapy. Considering the point about the imbalance of power, one might argue that I have given an impression that the problem of the imbalance of power only exists in cognitive-behavioural therapy but not in existential psychotherapy. However, I certainly have no intention to give this impression. Quite the contrary, I do believe that in any therapeutic relationships including that of existential psychotherapy, there will inevitably be an imbalance of power. The fact that clients seek help from therapists, that therapists receive fees (e.g. payment per

session) for providing this service to them, that therapists have usually undergone professional training before helping clients, that therapists and clients have not met due to some mutual desire to start a friendship but due to the desire of both parties to engage in a professional relationship, that in psychotherapy training, therapists are taught not to mix friendship with therapeutic relationship,¹³ and that therapists and clients usually set a clear and well-defined time structure for therapy (e.g. one hour therapy session per week for 10 weeks initially) in a designated area (e.g. therapists' clinics), etc already suggest an inevitable sense of imbalance of power. In turn, this means that a sense of professional mystique will inevitably remain in any therapeutic relationship. This also implies that therapists will always be in a position of power or superiority.

In that sense, I am also conscious of the fact that existential psychotherapists and clients will never be like two perfectly equal authors who write a book together about life. At the very least, one is going to be the first author and the other the second. Why? It might be because one is more of an expert of the subject area of the book or one is more senior than the other or one has put in more work on the book than the other etc. Even when existential psychotherapists attempt to enter into clients' experiential worlds and go alone or go in parallel with their clients, they can never be perfectly parallel. There will always be a distance between existential psychotherapists and clients, which prevents therapists from fully comprehending clients' reality, and clients' ways of being. Due to this imbalance of power, there will always be a risk of therapists imposing alternative or competing viewpoints within any therapeutic relationship.

¹³ Recently, a plea was made to re-examine the assumed difference between a therapeutic relationship and a friendship relationship. But, on the whole, the notion of therapists being friends of their clients is not

However, my argument here is that although the imbalance of power, the therapists' protection of professional mystique, the therapists' position of power or superiority, the therapists' not-in-parallel going along with clients, the distance between therapists and clients, and the risk of imposing alternative or competing viewpoints, exist and affect any therapeutic relationship, they do so to different degrees within the existential psychotherapy and cognitive-behavioural therapeutic relationship. I have been implying that the above factors are likely to affect the therapeutic relationship of cognitive-behavioural therapy to a much greater degree than that of existential psychotherapy, since the latter is consciously aware of the need to reduce or restrict their effect on the therapeutic relationship with clients. This conscious effort is important for existential psychotherapists because an effective philosophical exploration relies heavily on restriction of the above factors. However, from what we know about cognitive-behavioural therapy so far, much less conscious effort is made to restrict the degree to which the above factors affect the therapeutic relationship with clients. As a result, these factors do indeed affect the therapeutic relationship with clients to a much greater degree than for existential psychotherapists. Cognitive-behavioural therapists' priority is, of course, educating clients about skills, developing and implementing therapeutic techniques to tackle clients' problems etc, which would inadvertently serve to generate the above factors, thus affecting more and more the therapeutic relationship.

3.4 Examining current subjective experience

acceptable in psychotherapy circles (Ticktin, 1997).

Let me now turn to another claim that existential psychotherapy and cognitive-behavioural therapy can be integratable. This is concerned with helping clients to examine their current subjective experience. Existential psychotherapists realize the importance of not giving clients an objective reality in order to replace their subjective ones. Instead, they assist clients to examine the way in which they currently perceive reality from the data of their own experience. Cognitive-behavioural therapists do likewise use such methods as collaborative empiricism and Socratic questioning (see Beck & Emery, 1985; Beck et al, 1979). Collaborative empiricism means that cognitive-behavioural therapists and clients work as a team in order to carry out active daily experimentation. In this experimentation, clients carefully attend to their present experience in order to check if it fits reality as they previously perceived it. Socratic questioning helps clients to draw attention to the data of daily experience and confront it in a non-selective or non-denial way.

What I wish to argue here is that while I do not doubt that both existential psychotherapists and cognitive-behavioural therapists help their clients to examine the way in which they currently perceive reality using the data from their own experience, it seems to me that the approaches that existential psychotherapists and cognitive-behavioural therapists take in order to carry out this examination are different. Such difference, I will argue, would make it extremely difficult for existential psychotherapists to integrate their therapeutic practice with cognitive-behavioural therapy.

To demonstrate my argument, I wish to consider the descriptions of two general methodological approaches which are often used in, say, human sciences research (The reason for considering these two approaches will be explained later). One is the so-called qualitative approach and the other is the so-called quantitative experimental approach. Within the qualitative approach, there are different methods, one of which is that of ethnography (see Denzin & Lincoln, 1994). What ethnographers try to do is understand and describe the original and natural cultural reality of particular individuals or groups. That is, they wish to describe their beliefs, ideas, behaviour, rituals, folk-knowledge, daily taken-for-granted concepts and assumptions about the world. Ethnographers attempt to understand and describe these without imposing their own theories. To gain such understanding and achieve description requires ethnographers to break away from their own assumptions about the world. There is no one set of techniques that ethnographers use in their studies of these individuals or groups. They write down obsessively the detailed descriptions that they can remember and incorporate different research techniques (e.g. observation, interviews, diary techniques etc).

With respect to the quantitative experimental approach, human sciences researchers may wish to quantify and measure, say, some observable human phenomena or behaviour. One characteristic of this quantitative experimental approach is the generation of hypotheses which wait to be tested through experimental procedures. These procedures might involve, for example, the composition of experimental groups, control groups or placebo groups. The data collected in this quantitative approach would be analysed using statistical

techniques. On the basis of the statistical results, researchers would accept or reject the hypotheses.

Obviously, my descriptions of these two approaches are crude but I hope I have brought attention to the contrast between these two approaches. This contrast, I think, bears some relevance to the present discussion. To an extent, as existential psychotherapists examine with clients the way they currently perceive reality from the data of their own experience, they are taking an approach which bears some resemblance, but is by no means identical, to that of ethnographers. As part of their philosophical explorations with clients, existential psychotherapists are trying to study clients' experience in terms of their original and natural reality. They wish to know about how clients currently theorize about or perceive, for example, their own reality, behaviour, beliefs etc without imposing their own theories or assumptions about such things. Existential psychotherapists wish to understand their clients' taken-for-granted concepts and assumptions about the world. In the end, existential psychotherapists hope to understand and describe as closely as possible clients' original cultural reality.

On the other hand, in order to study human experiences, cognitive-behavioural therapists are seemingly taking an approach which bears some resemblance, but again is by no means identical, to the quantitative experimental approach. As cognitive-behavioural therapists work with clients to examine current subjective experience, they help clients to carry out daily experimentations in which clients carefully monitor and generate hypotheses in order to test if their present experience fits the reality as they previously perceived it. Hypotheses

would be rejected or accepted according to the results of their daily experimentations. For example, if clients were uncertain about being able to cope with dating situations, they would be encouraged to test out their negative predictions by going to the dating situation. In other words, these negative predictions are treated as hypotheses to be tested. If the results of the experiment show that their negative predictions (hypotheses) are not true in the recent dating situation (i.e. their current experience does not fit reality as they previously perceived it), clients would be encouraged to reject the hypotheses. Clients would then generate further hypotheses.

It is not too difficult to see the contrast between the methodological approaches that existential psychotherapists and cognitive-behavioural therapists employ in order to examine clients' current perception of reality on the basis of the data of their own experience. Neither is it difficult to see how this contrast would make integration between existential psychotherapy and cognitive-behavioural therapy very difficult indeed. If existential psychotherapists were to integrate the cognitive-behavioural therapeutic approach of assisting clients to examine current subjective experience, they would have to consider doing so from an experimental-like perspective, which, I believe, would ultimately conflict with the fundamental basic assumptions of existential psychotherapy. For example, existential psychotherapists would need to restrict or put aside some of clients' current subjective experiences, since conducting experiments usually requires selection of certain specific human experiences. Experimenters (in this case, both therapists and clients) cannot possibly test empirically all that they have observed. Also, some human experience (e.g. some spiritual experience) is not easily testable and would have to be put aside. In other

words, integrating the cognitive-behavioural therapeutic approach, i.e. the experimental-like approach means that existential psychotherapists might need to accept the fact that they cannot assist clients to, conflicting with the fundamental basic assumptions of existential psychotherapy, “explore freely or uncover freely a wide range of possibilities for clients”. By integrating the cognitive-behavioural therapy approach, existential psychotherapists might ultimately need to accept the fact that for existential psychotherapists to clarify and reflect upon and understand life for clients would mean a restricted kind of reflection and understanding. Furthermore, with such integration, existential psychotherapists would need to import normative theories from which hypotheses are inferred. They need to gather evidence which informs both the existential psychotherapists and clients whether the hypotheses are supported or rejected. Also, both existential psychotherapists and clients would have to take for granted certain preconceptions and assumptions about human experience rather than examine them, the reason being that experimentations cannot easily be carried out if certain preconceptions and assumptions are not firmly held. Whatever meanings the clients might derive and the subsequent direction that they might find would be driven by the results of the daily experimentation. Needless to say, all of the above are clearly conflicting with the fundamental basic assumptions of existential psychotherapy.

However, let me now consider one possible response to my argument above, with which cognitive-behavioural therapists might be sympathetic. As I mentioned earlier, there is no one technique on which ethnographers rely in order to investigate human experiences. Instead, they are open to the idea of using different techniques such as observations, interviews, diary techniques etc. (see for example, Toren, 1996; Rachel, 1996). Logically

speaking then, if existential psychotherapists were truly using an ethnography-like approach to assist clients to examine their current subjective experience, they should be open to different approaches including that of the quantitative experimental-like approach. Without speculating in any detail how this ethnography-like approach can be integrated with a quantitative experimental-like approach, one can imagine a scenario, for example, whereby existential psychotherapists can explore with clients their general life experiences, goals in life or some non-empirically testable personal experiences etc, by taking an ethnography-like approach (i.e. philosophical exploration), and simultaneously encourage clients to conduct experimentations to test certain specific hypotheses. These hypotheses might be related to certain specific problems in clients' lives, say, their maladaptive or dysfunctional interpersonal cognitions or behaviours.

While the above suggests a possible integration between the two methodological approaches, I remain sceptical about integration between existential psychotherapy and cognitive-behavioural therapy for the following reason. From the fundamental basic assumptions of existential psychotherapy, we know that existential psychotherapists want to pursue philosophical investigations or explorations with clients. Judging from the description of the term philosophical investigation in the previous chapter, existential psychotherapists basically assist clients not to take things for granted but to develop an attitude of searching for wisdom, i.e. by asking critical questions, evaluating, examining, reflecting and clarifying issues in life. In other words, one is discouraged from simply accepting something without questioning or challenging or without some degree of examination. This being so, it would be a contradiction for existential psychotherapists to

encourage their clients to simply accept and engage in a quantitative experimental-like approach without challenging the empirical process involved. When I say the empirical process, I mean all that is to do with making the experimentation possible (e.g. generating hypotheses, conducting experiments, accepting or rejecting hypotheses, generating further hypotheses etc). My speculation is that the more or the deeper clients get involved with the ethnography-like approach, i.e. philosophical explorations, with existential psychotherapists, the more clients should be critical about and feel dissatisfied with simply testing their daily life experiences through an experimental-like approach. Gradually, they might see the simplicity and irrelevance of these experimental-like activities and challenge the seemingly contradictory division between the ethnography-like approach and the empirical-like approach in their therapy sessions. This contradiction would only create confusion for clients.¹⁴

So, my scepticism remains: while, *prima facie*, both existential psychotherapists and cognitive-behavioural therapists are helping clients to examine the way in which they currently perceive reality using the data from their own experience, the approaches that they take to do so are in fact so different that to attempt to integrate them would, I have argued, only conflict with the fundamental basic assumptions of existential psychotherapy.

3.5 Increasing self-awareness

¹⁴ My argument explains, in part, why I am using the term ethnography-like approach rather than ethnography approach. That is, existential psychotherapists are not using a pure ethnography approach in that they are willing to be open to the integration of different approaches in their efforts to understand their clients.

Let me now turn to another claim that existential psychotherapy and cognitive-behavioural therapy may be integratable. This is concerned with the notion of increasing self-awareness. Existential psychotherapists assist clients not to be engulfed by learned helplessness (Seligman, 1975) but to increase self-awareness that they are able to create freely their own future. Similarly, cognitive-behavioural therapists help clients to increase self-awareness by helping them to feel that they are free to decide, choose, control, direct their own lives and increase personal responsibility for their decisions, choices and direction in life. One way of achieving increased self-awareness in clients, for cognitive-behavioural therapists, is by helping clients to develop metacognitive skills which ultimately give clients the ability to know that they know, or to be aware of their own cognitive processes (e.g. self-management programmes, self-directed behaviour and self-monitoring programmes [see Cormier & Cormier, 1985; Meichenbaum & Asarnov, 1979; Watson & Tharp, 1989]). The more they are aware of their own cognitive processes, the more they are able to make satisfactory decisions, choices and directions in life.

Judging from the foregoing passage on increasing self-awareness, both existential psychotherapists and cognitive-behavioural therapists, *prima facie*, share a similar kind of intention which is to assist or help clients to increase awareness of themselves, i.e. self-awareness. However, I wish to argue that the focus of increasing self-awareness for cognitive-behavioural therapists is in fact quite different from that of existential psychotherapists. Due to this difference in focus, I think existential psychotherapists would be mistaken to assume that their therapeutic practices can be integrated with cognitive-behavioural therapists'.

Let me consider an example of a cognitive-behavioural therapeutic self-management/monitoring programme which is thought to help clients to develop the ability to know that they know or to be aware of their own cognitive processes, hence, to increase clients' self-awareness. In this programme, clients, with the help of cognitive-behavioural therapists, are asked to specify the desirable and important changes for themselves by means of setting measurable, realistic, attainable and positive goals (e.g. the goal of reducing alcohol consumption). Then, clients need to translate these goals into target behaviours. That is, they need to know, for example, what specific behaviour they want to increase or decrease (e.g. decreasing weekly pub crawl behaviour). They then need to monitor themselves by carefully and systematically attending to their own behaviour (e.g. clients might use a behavioural diary to collect information on how much, when, where and with whom alcohol is consumed so that they are aware of the circumstances which actually trigger off drinking). From the information derived from self-monitoring, clients can work out the extent of problems that they are facing. This information can also set a baseline against which any subsequent progress may be compared. Clients need to devise an action plan to bring about changes. This action plan should aim to gradually replace undesirable actions with desirable ones. Of course, this action plan can be revised or readjusted by clients in later stages.¹⁵

Given the above example, it seems to me that the focus of cognitive-behavioural therapists' effort to increase clients' self-awareness is to enable clients to become

¹⁵ See Velleman (1991) for further description on a cognitive-behavioural therapeutic approach to dealing with an alcohol or drug problem.

effective in identifying desirable changes and ways of making changes for themselves, or monitoring and managing their own specific problems. In other words, this is problem-focused in that cognitive-behavioural therapists help to increase clients' self-awareness in terms of some narrow aspects of themselves concerning their own problems. It does not aim to increase clients' self-awareness on some general or wider aspects of themselves. That is, the focus is not, what I call, life-focused. As a result of this narrow problem-focused kind of self-awareness, one can imagine a scenario whereby after having completed the cognitive-behavioural therapy treatment, clients are asked "have you gained much understanding of yourself (i.e. self-awareness)?", to which they answer "yes", however, largely in the sense that they are now aware of their specific problems, what changes they wish to have, how to set goals for themselves, how to monitor the extent of problems, how to set action plans, and how to measure the progress of their self-management.

On the contrary, for existential psychotherapists, to assist clients to increase self-awareness is life-focused. They try to assist clients to raise self-awareness which is wider and much more general, and which ultimately concerns what their lives are about and how to make sense of their lives. Of course, this does not mean that existential psychotherapists would purposely avoid talking about clients' problems, difficulties, unhappiness and disappointments. It means that through their philosophical explorations, clients will be in touch with issues relating to not only their unhappiness and disappointment but also to living a meaningful life, clarifying personal attitudes towards life, clarifying goals and viewpoints on life, discovering personal potentials, talents,

possibilities, finding general direction in life, and exploring taken-for-granted concepts, and existential givens.

Despite the contrast between the foci of cognitive-behavioural therapists and existential psychotherapists in helping or assisting their clients to developed increased self-awareness (i.e. problem-focused of a narrow kind and life-focused of a wider and more general kind respectively), cognitive-behavioural therapists could argue that this does not mean to say that they cannot be integrated. This is because if existential psychotherapists were genuinely concerned with assisting clients to develop increased self-awareness with a life-focused approach, such focus should surely encompass clients' specific problems such as those investigated by cognitive-behavioural therapists, for example, the problem of alcohol consumption and some maladaptive or dysfunctional cognitions and behaviours mentioned previously. For example, existential psychotherapists can encourage clients to practise the self-management/monitoring programme, while they can engage in philosophical explorations with clients about the outcome of this programme and about matters which have not been included in the programme.

To respond to the above, I could refer to a similar argument developed earlier on examining clients' current subjective experience. To remind readers, I was making the speculation that the more clients were involved in philosophical explorations (ethnography-like approach) with existential psychotherapists, the more clients should become critical about and feel dissatisfied with simply testing their daily life experiences through a cognitive-behavioural therapeutic experimental-like approach. I was also

speculating that the more clients were involved in philosophical explorations, the more clients should see the simplicity and irrelevance of these cognitive-behavioural therapeutic experimental-like activities. By the same token, the more clients are involved in the life-focused philosophical explorations with existential psychotherapists, the more clients should become critical about and feel dissatisfied with an empirically problem-focused self-management/monitoring programme. Clients might also gradually see the simplicity and irrelevance of such a programme. In other words, the integration between them would be difficult.

In addition, let me now put forward a response from another angle to the cognitive-behavioural therapy argument for the integration of the two foci. To an extent, I have echoed this cognitive-behavioural therapy argument earlier when I said that as part of their philosophical explorations with clients, existential psychotherapists will not purposely avoid talking about clients' problems but will explore issues to do with their difficulties, problems, unhappiness, disappointments etc, in addition to all other life issues. But still, I think the cognitive-behavioural therapy argument for this possible integration in the sense of life-focus encompassing problem-focus is problematic. My argument is as follows.

As far as I can see, as implicated in the fundamental basic assumptions of existential psychotherapy, there are different motives as to why existential psychotherapists' approach in assisting clients to increase self-awareness is life-focused. One motive is that existential psychotherapists can reinforce one of the important existential

psychotherapeutic ideologies, that of shifting the emphasis from identifying, monitoring, and resolving clients' specific problems to discovering themselves in general terms. In other words, the fact that existential psychotherapists will not avoid talking about clients' difficulties, problems, unhappiness, disappointments etc, does not mean that they will only focus on them and perceive them as specially important. Quite the contrary, they will examine clients' difficulties, problems etc in the light of some general and wider issues in clients' lives or issues which are not directly related to the specific problems in clients' lives, i.e. life-focused. Another motive is that by assisting clients to increase self-awareness by means of a life-focused approach, existential psychotherapists can justify the method of philosophical exploration, defined in the existential psychotherapeutic fundamental basic assumptions, as probably the most suitable method, since it is flexible, non-targeted, non-mechanical and exploratory rather than rigid, targeted, mechanical and prescriptive.

The above motives have helped me see another argument against the possible integration between existential psychotherapy and cognitive-behavioural therapy in the sense of life-focus encompassing problem-focus. To integrate the existential psychotherapeutic life-focus with the cognitive-behavioural therapeutic problem-focus would mean that existential psychotherapists will contradict their ideology by shifting their emphasis from assisting their clients to discover about themselves in general terms to the emphasis on retaining the notion of identifying, monitoring and resolving clients' problems. In turn, they are implying that clients' problems have become specially important and prominent and need to be dealt with using an additional, i.e. cognitive-behavioural therapeutic

problem-focused, approach. Also, this integration would mean a contradiction to the existential psychotherapeutic ideology that clients' symptoms and unhappiness would disappear by themselves as clients make discoveries about themselves (i.e. life-focused by means of philosophical explorations). The contradictory message is saying that clients' symptoms and unhappiness may, after all, be eradicated by some cognitive-behavioural therapeutic type of problem-focus approach in conjunction with the life-focused approach.

Also, from the viewpoint of clients, such integration would mean a clear division in the type of professional help being offered to them. This integration means a mixture of the flexible, non-targeted, non-mechanical and exploratory life-focused philosophical exploration on the one hand and the rigid, targeted, mechanical and prescriptive problem-focused cognitive-behavioural therapeutic programme (e.g. self-management/monitoring programmes) on the other. This is a clear division because the existential psychotherapeutic flexible, non-targeted, non-mechanical and exploratory life-focused approach will unmistakably stop being flexible, non-targeted, non-mechanical and philosophically exploratory when a rigid, targeted, mechanical and prescriptive process is introduced. I think such contradictions and division would only create a strong sense of confusion and inconsistency for clients, particularly for those clients who are deeply involved in the process of philosophical exploration. Also, such clear division could open up opportunities for clients to develop a reliance on or a preference for one approach over another.

So, I have argued that there are problems in this possible integration between existential psychotherapy and cognitive-behavioural therapy. While both existential psychotherapists and cognitive-behavioural therapists seemingly engage in helping to increase their clients' self-awareness, the life-focused approach and the problem-focused approaches on which existential psychotherapists and cognitive-behavioural therapists, respectively, rely, are too inherently different to be integrated. In short, I have argued that to integrate the existential psychotherapeutic and the cognitive-behavioural therapeutic approaches of increasing clients' self-awareness will conflict with the fundamental basic assumptions of existential psychotherapy.

3.6 Helping clients to stand alone or realize their existential isolation

I now want to consider the final claim suggesting a possible integratable paradigm between existential psychotherapy and cognitive-behavioural therapy which is to do with helping clients to stand alone or realize their existential isolation. The claim is that existential psychotherapists assist clients to become conscious of the notion of standing alone or existential isolation. Similarly, cognitive-behavioural therapists also help clients to become conscious of the above. For example, through their trusting relationship with cognitive-behavioural therapists and their help and support, clients who suffer from agoraphobia can successfully do things, such as walking in crowds, shopping and riding in public transport. That is, cognitive-behavioural therapists can successfully help people to stand alone and yet not be overwhelmed by panic.

However, I do not think that the suggestion of this possible integratable paradigm between existential psychotherapy and cognitive-behavioural therapy is justified. This is simply because there is, I shall argue, in fact no sensible integration that we can speak about between existential psychotherapy and cognitive-behavioural therapy in terms of assisting and helping clients to stand alone or realize their existential isolation. The reason for this is that the claim, I will argue, in fact rests upon a misunderstanding of the existential psychotherapeutic notion of standing alone or existential isolation. In the light of this misunderstanding, one will see the irrelevance of this suggestion of a possible integration between existential psychotherapy and cognitive-behavioural therapy.

Here is where I think the misunderstanding lies. Judging from the exposition of the claim, it seems to me that when cognitive-behavioural therapists speak about helping clients to stand alone or to realize their existential isolation, they are not referring to what existential psychotherapists are referring to. Cognitive-behavioural therapists are referring to the fact that they can successfully help clients to stand alone in the sense of doing things successfully alone (e.g. to successfully walk in crowds alone, or shop and ride in public transport alone and not to be overwhelmed by panic). However, what existential psychotherapists are referring to is the importance of assisting clients to increase awareness of their own destiny, i.e. they are truly alone and isolated in that they are the only ones who can make decisions for themselves, who can be responsible for their own actions, who can die their own death, and who can develop mature independence (i.e. a preference for personal independence and self-reliance) (see e.g. Yalom, 1980). Due to the above clear misunderstanding, it seems to me that when the

researchers who put forward this claim state that cognitive-behavioural therapists also help clients to become conscious of the existential psychotherapeutic notion of standing alone and help clients to realize their own existential isolation, this is simply not true.

However, cognitive-behavioural therapists might argue that if one looks carefully at what precedes this claim, one would see that the claim is not in fact resting on a misunderstanding of the existential psychotherapeutic notion of standing alone or existential isolation. For cognitive-behavioural therapists to say that they have helped, say, agoraphobic clients to successfully stand alone in the sense of doing things successfully alone (e.g. to successfully walk in crowds alone, or shop and ride in public transport alone and not to be overwhelmed by panic), they would have initially helped clients to make a decision about doing something about their agoraphobia, such as to decide to participate in the cognitive-behavioural therapy treatment programmes. In other words, cognitive-behavioural therapists would have helped clients to gain some awareness of the fact that they were the only ones who could make such decisions, and who could be responsible for their decisions and subsequent actions (i.e. standing alone or existential isolation). prior to engaging in some cognitive-behavioural therapy programmes and subsequently becoming successful in standing alone in the sense of doing things successfully alone. In that sense, to claim that cognitive-behavioural therapists do help clients to become conscious of the existential psychotherapeutic notion of standing alone or to realize their existential isolation is not too far from the truth. That is, cognitive-behavioural therapists do help clients to become conscious of the notion of isolation or standing alone which

subsequently leads them to do something about their problems (e.g. agoraphobia) by participating in a cognitive-behavioural therapy treatment programme.

Despite this response, I still wish to argue that the foregoing claim indeed rests upon a misunderstanding of the existential psychotherapeutic notion of standing alone or existential isolation. That is, cognitive-behavioural therapists are not helping their clients to become conscious of the existential psychotherapeutic notion of standing alone or to realize their own existential isolation. The reason is this. We know that the prime intention of cognitive-behavioural therapists in therapy is to provide clients with an elaborate and a well-planned rationale, with an explanation of their difficulties and of the steps and treatment plans involved in helping clients to target and overcome difficulties, which eventually helps them to do things successfully alone (e.g. walking alone, shopping etc). This intention is made clear and obvious to clients who subsequently realize how their therapists understand and explain their difficulties and what the therapists have in store for them in terms of treatment.

Given this clear intention of cognitive-behavioural therapists and clients' realization of cognitive-behavioural therapists' intention, what seems to be the case is that during therapy, therapists are *indicating* to clients what is therapeutically available, important, sensible, reasonable, wise or, in some cases, necessary for clients to choose to accept. Clients subsequently become clear what's available, important, sensible, reasonable, wise and, in some cases, necessary for them to choose to accept. As a result, for some clients, I would imagine that being aware of some aspects of existential isolation (in that, say, they are the

only ones who can make decisions for themselves and who can be responsible for their actions) is peripheral. That is, this awareness can be taken for granted and no further exploration is necessary. To them, making such a decision is similar to making a decision on whether to have beef rather than chicken for dinner. It is a mundane kind of decision. Having decided, there is no need to dwell on it and think about the impact that making this decision might have on their lives. Other clients might not even pay any notice to the existential psychotherapeutic notion of existential isolation. To them, there is no decision to be made because they feel that they are supposed to conform to what the experts, i.e. cognitive-behavioural therapists, prescribe.

In other words, for cognitive-behavioural therapists, it is not about helping clients to become conscious of the existential psychotherapeutic notion of standing alone or to realize their own existential isolation in the sense of exploring with clients the significance or impact of being truly independent, relying on and trusting themselves, allowing themselves to make decisions (as opposed to others making decisions for them), and being responsible for their own decisions and for their own lives etc. Rather, for cognitive-behavioural therapists, it is about helping clients to realize what they are indicating to them, i.e. what is therapeutically available, important, sensible, reasonable, wise or, in some cases, necessary for clients to choose to accept.

However, for existential psychotherapists to assist their clients to become conscious of the notion of standing alone or existential isolation, they are talking about some intentional philosophical explorations in that they assist clients to explore the significance or impact of

being truly independent, relying on and trusting themselves, allowing themselves to make decisions (as opposed to others making decisions for them), being responsible for their own decisions and their own lives etc. In other words, it is not simply about indicating to clients what's therapeutically available, important or necessary for them to accept. For existential psychotherapy clients, the more they engage in philosophical exploration with therapists about this notion of standing alone or existential isolation, the more difficult they would find it to pay no notice to their own existential isolation, and the more difficult they would find to simply conform to what others say or prescribe, and the more they would realize that their decisions are not mundane.

So, *prima facie*, it looks as if both existential psychotherapy and cognitive-behavioural therapy can be integrated in that both are helping clients to consider their stand alone or realize their own existential isolation. I have, however, argued that, in fact, this claim is based on a problematic understanding of the existential psychotherapeutic notion of standing alone or existential isolation. Hence, there is no sensible integration of which one can speak.

3.7 Existential psychotherapy and multimodal therapy

Apart from the above claims suggesting a possible integratable paradigm between existential psychotherapy and cognitive-behavioural therapy, some researchers have put forward another therapy which could be integrated with existential psychotherapy. This therapy is called multimodal therapy and is rooted in and thus bears characteristics of

behavioural therapy and cognitive-behavioural therapy (Rugala & Waldo, 1998). It is a comprehensive, systematic, holistic approach to behaviour modification developed by Arnold Lazarus.¹⁶

Before I describe the expositions of the claims suggesting a possible integratable paradigm between existential psychotherapy and multimodal therapy, let me give a brief description of multimodal therapy as follows. Multimodal therapists take seriously *what* treatment, by *whom*, is most effective for *this* individual with *that* specific problem and under *which* set of circumstances. They emphasize the importance of flexibility and versatility and do not fit clients to predetermined treatments. Instead, they determine individually specific treatment strategies which work best for individual clients. The underlying assumption is that human problems are multi-levelled and multi-layered. Most problems have more than one single cause or solution. Consequently, it is only appropriate to have a multitude of treatment strategies that clients can use in order to generate changes. Thus, multimodal therapists constantly adjust their treatment procedures so that they can effectively achieve clients' goals in therapy. In other words, they start where the clients are and treatments must be based on clients individually. It is not a set of technical procedures, but an attitude towards the human being.

¹⁶ Arnold Lazarus received his clinical training in South Africa during the 1950s. His training was Rogerian, Freudian and Sullivanian theories and methods. He was also exposed to conditioning therapies and reciprocal inhibition by Joseph Wolpe and Adlerian therapy. He believed that human conditions could not be helped or understood by relying on only one form of therapy. In 1958, he was the first psychologist who used the terms "behaviour therapy". However, he was not completely satisfied with behaviour therapy alone and subsequently realized that clients benefited more from the combination of behaviour and cognitive techniques. In the 1970s, he started advocating a broad but systematic range of cognitive-behavioural therapy techniques which later led to the emergence of multimodal therapy. See Lazarus (1971, 1986, 1987b, 1989b, 1989c).

The basic concepts of multimodal therapy are composed of BASIC ID (i.e. B=behaviour, A=affect, S=sensation, I=imagery, C=cognition, I=interpersonal relationships, D=drugs or biology, including biological functioning, nutrition and exercise).¹⁷ Our personality is divided into the above seven major areas of functioning. Multimodal therapists believe that in order to have a complete assessment and treatment programme, we must take into account each modality of this BASIC ID. As soon as clients' main profile has been established based on the BASIC ID, therapists can then examine the interactions between these different modalities. They might intensify specific facets of clients' problem areas so that they can devise effective coping and treatment strategies.

Let me now describe the expositions of the claims suggesting a possible integratable paradigm between existential psychotherapy and multimodal therapy. I will then examine them, arguing that the claims are in fact unjustified. As one will see, there are some similarities between the discussion in this section and the section on the possible

¹⁷ *Behaviour*: This modality refers primarily to overt, observable and measurable behaviours. Therapists explore the types of behavioural changes that they would like to make. *Affect*: This modality refers to emotions, moods, and strong feelings that clients experience. Therapists explore how emotional they are, how often they experience certain specific emotions and the kinds of things that make them laugh and cry, feel sad, mad, glad or scared. *Sensation*: This modality refers to the five basic senses of touch, taste, smell, sight and hearing. Therapists explore the kinds of unpleasant sensations that they suffer (e.g. pains, aches, dizziness), how much they focus on the sensations or what they like or dislike in terms of seeing, smelling, hearing, touching and tasting. *Imagery*: This modality refers to ways in which clients picture themselves, including vivid memories, disturbing dreams, fantasy and vivid imagination. They also explore how they view their own bodies and see themselves in the future. *Cognition*: This modality refers to insights, philosophies, ideas, and judgments which constitute clients' fundamental values, attitudes, and beliefs. Therapists explore how much clients like thinking and want to meet their intellectual needs, how their thoughts affect their emotions, the kinds of values and central rationale and irrational beliefs that they hold, as well as the kinds of negative comments that they make to themselves. *Interpersonal relationships*: This modality refers to some interactions with other people. Therapists explore how much they like socializing with others, to what degree they want intimacy with others, what they expect from significant others in their lives and the kinds of relationships with others that they want to change. *Drugs/biology*: This modality includes the kinds of drugs that clients take as well as nutritional habits and exercise that clients do. Therapists explore whether clients are healthy and are health conscious.

integratable paradigm between existential psychotherapy and cognitive-behavioural therapy.

3.8 Some claims for the possible paradigm: existential psychotherapy and multimodal therapy

There are two expositions I wish to explore here. One is concerned with clients' experience and the other with therapeutic methods and techniques.

Clients' experience: Both existential psychotherapists and multimodal therapists focus on the importance of clients' experience. Existential psychotherapists assist their clients to become existentially aware people who can revise their self-image (i.e. the way in which they perceive themselves), by taking on new aspects or new experiences of themselves. Similarly, without new experiences, multimodal therapists believe that there can be no change. They help clients to take on new experiences by suggesting that clients do different things and do things differently.

Methods and techniques: Some claims are pertinent to the notion of method or techniques of therapies. Both existential psychotherapy and multimodal therapy are flexible and versatile. Existential psychotherapy is not composed of a set of technical procedures. This flexibility of existential psychotherapy matches nicely with the *technical eclecticism* of multimodal therapy which aims to provide with clients an open and flexible system in recognizing the unique and diverse needs of their clients. Both existential psychotherapy

and multimodal therapy do not have many rules and do not focus on one set of specific techniques for clients. In multimodal therapy, different techniques, as opposed to one set of specific techniques, are used to access clients' personalities or specific modalities.

Multimodal therapists do not fit their clients into a predetermined treatment programme, but determine what relationship and what treatment strategies would work best with each particular client and circumstance. Multimodal therapists believe in starting where the clients are before moving into explorations and consistently ask "who or what is best for this client?". Similarly, existential psychotherapists assist their clients to find their true self and then help them to have the courage to be this self.

3.9 Remarks on the above claims

I wish to start my examination of the above claims with an example of a full modality profile, completed by a multimodal therapist, on a client named John. The profile is as follows (Palmer, 1997).

John' full modality profile (BASIC ID chart)

Modality	Problem	Proposed programme/treatment
Behaviour	Eat/walk fast, always in a rush, hostile, competitive: indicative of type A behaviour	Discuss advantages of slowing down: disadvantages of rushing and being hostile; teaching relaxation exercise; dispute self-defeating beliefs
	Avoidance of giving presentations	Exposure programmes; teaching necessary skills; dispute self-defeating beliefs
	Accident proneness	Discuss advantages of slowing down
Affect	Anxious when giving presentations	Anxiety management training
	Guilt when work targets not achieved	Dispute self-defeating thinking
	Frequent angry outbursts at work	Anger management training; dispute irrational beliefs
Sensation	Tension in shoulders	Self-massage; muscle relaxation exercise
	Palpitations	Anxiety management training, e.g. breathing relaxation technique, dispute catastrophic thinking
	Frequent headaches	Relaxation exercise and bio-feedback
	Sleeping difficulties	Relaxation or self-hypnosis tape for bedtime use: behavioural retraining;

		possibly reduce caffeine intake
Imagery	Negative images of not performing well	Coping imagery focusing on giving adequate presentations
	Images of losing control	Coping imagery of dealing with difficult work situations and with presentations; step-up imagery
	Poor self-image	Positive imagery
Cognition	I must perform well otherwise it will be awful and I couldn't stand it I must be in control Significant others should recognize my work If I fail then I am a total failure	Dispute self-defeating and irrational beliefs; coping statements; cognitive restructuring; ABCDE paradigm (REBT) bibliotherapy; coping imagery
Interpersonal	Passive/aggressive in relationships	Assertiveness training
	Manipulative tendencies at work	Discuss pros and cons of behaviour
	Always puts self first	Discuss pros and cons of behaviour
	Few supportive friends	Friendship training
Drugs/biology	Feeling inexplicably tired	Improve sleeping and reassess; refer to GP
	Taking aspirins for headaches	Refer to GP; relaxation exercises
	Consumes 10 cups of coffee a day	Discuss benefits of reducing caffeine intake
	Poor nutrition and little exercise	Nutrition and exercise programme

As one can see, according to John's profile, in terms of the modality of behaviour, for example, John might be found to often eat or walk too fast, to always be in a hurry and to often be hostile towards others and competitive in what he does. Multimodal therapists might then propose intervention including discussions on the advantages of slowing down, and on the disadvantages of always being in a hurry and being hostile. They might also teach John how to do relaxation exercises. In terms of the modality of affect, through assessment, he might be found to experience anxiety when he gives presentations at work. Multimodal therapists might propose anxiety management. The list continues to report, through assessments, John's problems and the corresponding proposed interventions in terms of the modalities of sensation, imagery, cognition, interpersonal relationship and drugs/biology.

Keeping the above example of John's modality profile in mind, with regards to the claim pertaining to clients' (such as John) experiences, I agree with multimodal therapists' focus on John's experiences and that John should gain new experiences of himself, as a result of his engagement in multimodal therapy (When I say 'new experiences', obviously I do not mean a completely new experience). Let me now take a closer look at how John could have gained new experiences through working with multimodal therapists. Without going into detail, it seems that one possible way for John to gain new experience of himself is to learn to perceive, identify and assess his own pathologies, problems or dysfunctions in a systematic and structured fashion, i.e. in terms of different modalities (I am assuming that the above systematic and structured way of perceiving himself was not the way he perceived himself prior to receiving multimodal therapy).

Another possible way of gaining new experience of himself is by doing the recommended exercises or home-work on a regular basis (e.g. anxiety management, disputing self-defeating thinking, anger management, self-massage, relaxation, self-hypnosis, etc) (again, I am assuming that he did not do these exercises before receiving multimodal therapy). In other words, John could gain new experiences of himself by virtue of the fact that he is doing different things and that he has done things differently.

For existential psychotherapists, similar to multimodal therapists, if they were to assist John, they would focus on John's experiences. However, it seems to me that the way in which existential psychotherapists focus on John's experiences is quite the opposite to that of the multimodal therapists. Existential psychotherapists would try to assist John to gain new experience of himself, by means of engaging in philosophical exploration. Without rehearsing the fundamental basic assumptions of existential psychotherapy, in these philosophical explorations, existential psychotherapists would assist John to gain new experience of himself, by assisting him to focus precisely not on constructing a structured and systematic profile of himself in terms of his own pathologies, problems, dysfunctions according to modalities, and corresponding treatment plans. Instead, they would assist John to go beyond problems, dysfunctions and corresponding treatments and focus on some unrelated matters. Of course, they would not assist John to engage in treatment programmes or plans which they think would specifically target certain specific pathologies, problems and dysfunctions.

Obviously, the above differences in assisting or helping John to focus on his own experiences would have important implications for the kind of new experience that he could gain for himself. Seemingly, for existential psychotherapists to assist John to gain new experiences based on focusing on a systematic and structured perception of pathologies, problems or dysfunctions, and on doing exercises or home-work would clearly conflict with the fundamental basic assumptions of existential psychotherapy.

Last but not least, let me turn to the final claim pertaining to methods and techniques. According to the claim, similar to multimodal therapy, existential psychotherapy is a flexible and open system, not focusing on a set of technical procedures nor a predetermined set of treatment techniques, and recognizing the unique and diverse needs of clients. Despite this claim, I do not think that it is the case that the flexibility of existential psychotherapy matches nicely with the “technical eclecticism” of multimodal therapy. The reason is simply this. The term technical eclecticism refers not only to the fact that multimodal therapists use techniques but also to the fact that there are many techniques from different therapeutic models which are used openly and flexibly by multimodal therapists. In other words, although multimodal therapists do not automatically fit John into a predetermined set of treatment techniques, their hope is nevertheless to eventually fit John into a range of treatment techniques¹⁸ which are

¹⁸ Palmer (2000) has summarized for us a list of frequently used treatment techniques corresponding to modalities in multimodal therapy. For example, for the behaviour modality, techniques and interventions include behaviour rehearsal, empty chair, exposure programme, fixed role therapy, modelling, paradoxical intention, psychodrama, reinforcement programmes, response prevention, risk-taking exercises, self-monitoring and recording, stimulus control and shame-attacking; for the affect modality, they include anger expression/management, anxiety management, and feeling-identification; for the sensation modality, they include bio-feedback, hypnosis, meditation, relaxation training, sensate focus training, threshold training; for the imagery modality, they include anti-future shock imagery, associated imagery, aversive imagery, coping imagery, implosion and imaginal exposure, positive imagery, rational-emotive imagery, time-

specifically put together to address John's unique and diverse needs. However, this technical eclecticism or flexibility is surely not that to which existential psychotherapists would subscribe. This is because existential psychotherapy is not a therapy with a focus on any technical procedures, including assessing clients in terms of modalities, nor does it seek to fit clients into treatment techniques, regardless of whether these techniques are predetermined or selected for specific clients. The reason why existential psychotherapy is thought to be open and flexible in recognizing the unique and diverse needs of clients is because its approach is not constrained by any technical procedure or treatment technique mentioned above. So, to claim that the flexibility of existential psychotherapy matches nicely with the technical eclecticism of multimodal therapy is simply not justified.

This claim pertaining to methods and techniques also suggests that multimodal therapists believe in starting where clients are before moving into explorations, and consistently ask "who or what is best for these clients?", and that existential psychotherapists similarly assist clients to find their true self and to have the courage to be this self. What I wish to argue here is that when an existential psychotherapist assists a client such as John to find his true self and to have the courage to be this self, this is quite different from a multimodal therapist who starts where John is and consistently asks "who or what is best for him?".

projection imagery; for the cognition modality, they include bibliotherapy, challenging faulty inferences, cognitive rehearsal, coping statements, correcting misconceptions, disputing irrational beliefs, focusing, positive self-statements, problem-solving training, rational proselytising, self-accepting training, thought-stopping; for the interpersonal modality, they include assertion training, communication training, contracting, fixed role therapy, friendship or intimacy training, graded sexual approaches, paradoxical intentions, role-play, social skills training; for the drugs/biology modality, they include alcohol reduction

Multimodal therapists want to start where John is and consistently ask such a question because they wish to establish where John is in terms of his modalities and corresponding problems, and who can be the best person to help him and what is the best method to use.

However, we know from the fundamental basic assumptions of existential psychotherapy that if existential psychotherapists were to engage with John in philosophical exploration, in order to find his true self and assist him to have the courage to be this self, they would not be particularly interested in such a medical or behavioural approach which assesses John in terms of his problems, and how best to remedy these problems. Quite the contrary, for existential psychotherapists, to be able to assist John to find his true self and to have the courage to be this self, one must precisely not be restricted by a medical or behavioural approach (i.e. think in terms of who and what methods are best to help John to address challenges, confront problems). Instead, to be able to assist John to find his true self and to have the courage to be this self is to assist John to be free from such restrictions, and free to explore possibilities, uncover abilities and talents, clarify, reflect upon and understand life, reflect upon goals, intentions, general attitudes toward living, and explore his own ways of viewing life, the world, his own taken-for-granted preconceptions and assumptions etc.

programmes, lifestyle changes, referral to physicians or other specialists, stop-smoking programmes and weight reduction and maintenance programmes.

Ultimately, multimodal therapists are not concerned with the possible conflicts between paradigms from different therapies used.¹⁹ Consequently, they would not see problems in bringing in existential psychotherapy in order to carry out philosophical explorations with clients, while they can still construct John's modality profile. However, from the viewpoint of existential psychotherapy, if they were to integrate their practice with that of multimodal therapy, they would have to consider allowing themselves to find out where clients are in terms of some designated modalities, and who and what is best for clients in terms of treatment plans, and to match clients with some readily available and frequently used techniques. They would also need to address the paradigm conflicts that they might inherit from other therapeutic techniques.

3.10 Final remarks and summary

By now, I hope I have demonstrated my arguments which are basically in favour of the traditional thinking that existential psychotherapy and cognitive-behavioural therapy or multimodal therapy cannot easily be integrated due to diverse ideologies and fundamental differences. It seems to me that if existential psychotherapists were to insist on such integration, they would have to confront the prospect of making changes to the existential psychotherapeutic fundamental basic assumptions in order to accommodate some of the differences between existential psychotherapy and cognitive-behavioural therapy or multimodal therapy. However, on the basis of the differences between existential psychotherapy and cognitive-behavioural therapy or multimodal therapy that I have

¹⁹ They are not concerned with the validity of the principles of the techniques used (Palmer, 2000).

pointed out thus far, I do not think that it is going to be easy to make changes to these existential psychotherapeutic fundamental basic assumptions without damaging the overall existential psychotherapeutic framework. What follows is the dangerous possibility that existential psychotherapists would lose their identity to the point where they could no longer genuinely call themselves existential psychotherapists. However, I do not deny the possibility that one day, someone might come up with an integrative therapy programme between existential psychotherapy and cognitive-behavioural therapy or multimodal therapy which can cope with the aforementioned differences. It is beyond the scope of this chapter, however, to do so.

But why were the researchers who postulated claims suggesting a possible integratable paradigm between existential psychotherapy and cognitive-behavioural therapy or multimodal therapy so convinced by this so-called integration? One reason could be that they were persuaded by the *prima facie* compatible features (in terms of distorted and maladaptive beliefs, therapeutic relationship, examining current subjective experience, increasing self-awareness and helping clients to stand alone, etc) shared by existential psychotherapy and cognitive-behavioural therapy or multimodal therapy. However, this apparent compatibility does not lead to integration because of the intrinsic fundamental differences between them. For example, there would appear to be compatibility between the missions of two political parties (e.g. the Labour party and the Conservative party) in their aim to, say, improve education and the National Health Service. However, this compatibility does not lead to integration. Due to apparently compatible features, researchers have simply focused on them and tried to develop an integratable paradigm

accordingly, without taking into the account the intrinsic fundamental basic differences between them.

In summary, in this chapter, I have made an attempt to address the question: “How well can the basic assumptions of existential psychotherapy be integrated with cognitive-behavioural therapy or multimodal therapy” In my attempt to address the above, I have described and examined individually the recent research claims which suggest that existential psychotherapy and cognitive-behavioural therapy or multimodal therapy are integratable. My position is basically that there are in fact fundamental differences between them which make it extremely difficult, if not impossible, for them to be integrated. If existential psychotherapists were to integrate their therapeutic practices with those of cognitive-behavioural therapy or multimodal therapy, they would inherit practices which would conflict with the fundamental basic assumptions of existential psychotherapy.

I have categorized the claims suggesting an integratable paradigm between existential psychotherapy and cognitive-behavioural therapy under the following themes: Distorted or maladaptive beliefs or schemas, therapeutic relationship, examining current subjective experience, increasing self-awareness and helping clients to stand alone or realize their existential isolation. In terms of distorted or maladaptive beliefs and schemas, the claim states that when existential psychotherapists assist clients to address their thinking and feeling that they are passive and directed by others, and ought to do such and such for others and meet others’ expectations and please others, cognitive-behavioural therapists also focus on conceptualising and dealing with clients’ problems and symptoms in terms of habitual.

distorted or maladaptive patterns of thinking and relating to themselves and others. My argument is that since existential psychotherapists do not focus on curing clients' symptoms and problems, when they assist clients to explore their feelings of oughts etc, they do not perceive these feelings and thoughts as clients' problems and symptoms, hence, as distorted or maladaptive beliefs or schemas which need to be eradicated. Cognitive-behavioural therapists, however, do perceive these feelings and thoughts as clients' problems or symptoms, and hence as distorted or maladaptive beliefs or schemas which need to be changed or eradicated. In addition, existential psychotherapists do not focus on importing normative theories, gathering evidence or holding on to assumptions or presuppositions in order to explain to clients that their feelings of oughts etc are the source of their problems. On the contrary, cognitive-behavioural therapists focus on explaining to clients by means of theories, evidence, assumptions etc that their distorted or maladaptive thinking patterns are the source of their problems.

In terms of the claim pertaining to therapeutic relationship, both cognitive-behavioural therapists and existential psychotherapists emphasize the importance of empathic or collaborative therapeutic relationships. Within these relationships, both existential psychotherapists and cognitive-behavioural therapists attempt to enter into the world as their clients experience it and to enter clients' idiosyncratic worlds respectively. My argument here is that the purpose of developing a good therapeutic relationship (i.e. empathic or collaborative therapeutic relationship) is different for existential psychotherapy and cognitive-behavioural therapy. The cognitive-behavioural therapy purpose would be to help monitor and identify clients' maladaptive or dysfunctional interpersonal cognitions and

behaviour. It would also aim to provide feedback to clients to help them become conscious of their maladaptive or dysfunctional interpersonal cognitions and behaviour. Cognitive-behavioural therapists would also intend to implement treatment techniques for clients. However, the existential psychotherapy purpose would be to engage in philosophical exploration with clients about their ways of seeing life and the world, their goals, taken-for-granted preconceptions and assumptions and their attitude toward living.

Also, the nature of the therapeutic relationship is in fact quite different between existential psychotherapy and cognitive-behavioural therapy. The cognitive-behavioural therapeutic relationship is similar to that between trainers and trainees or teachers and students, and characterized by a high degree of structure. The existential psychotherapeutic relationship is characterized by the notions of being with and being for the clients. Also, the existential psychotherapeutic relationship is much less structured than that of cognitive-behavioural therapy. The cognitive-behavioural therapeutic relationship implies the imbalance of power and the protection of professional mystique whereas the existential psychotherapeutic relationship attempts to go along or parallel with clients and dilute the professional mystique. The cognitive-behavioural therapeutic relationship also treats clients in a direct manner whereas the existential psychotherapeutic relationship explores with clients in an indirect manner.

In terms of the claim pertaining to examining the current subjective experience of clients, existential psychotherapists assist clients to examine the way in which they currently perceive reality from the data of their own experience. Cognitive-behavioural therapists

help clients to do the same using collaborative empiricism. My argument is that the approaches that existential psychotherapists and cognitive-behavioural therapists take in order to carry out such examination is different. Existential psychotherapists are seemingly taking an ethnography-like approach while cognitive-behavioural therapists are seemingly taking a quantitative experimental-like approach.

Turning to the claim pertaining to increasing self-awareness, existential psychotherapists assist clients to increase self-awareness to enable them to freely create their own future. Similarly, cognitive-behavioural therapists help clients to increase self-awareness to enable them to decide, choose, control, and direct their own lives and accept personal responsibility for their decisions, choices and directions in life. My argument is that the focus of this increasing self-awareness for cognitive-behavioural therapists is in fact quite different from that of existential psychotherapists. For cognitive-behavioural therapy, it is problem-focused, while for existential psychotherapy, it is life-focused. Turning to the claim of helping clients to stand alone or realize their existential isolation, both existential psychotherapists and cognitive-behavioural therapists help clients to do this. I have argued, however, that there is in fact no sensible integration of which one can speak because this claim rests upon a misunderstanding of the existential psychotherapeutic notion of standing alone or existential isolation.

After discussing the problematic possible integration between existential psychotherapy and cognitive-behavioural therapy, I then turned to some discussions on the possible integration between existential psychotherapy and multimodal therapy. I have described

what multimodal therapy is and considered two claims pertaining to clients' experiences and method and technique. With regard to the claim of clients' experience, both existential psychotherapists and multimodal therapists focus on the importance of clients' experience. They help clients to gain new experience of themselves. My argument here is that one way that multimodal therapists help clients to gain new experience is by means of learning to perceive, identify and assess their own pathologies, problems and dysfunction in a systematic and structured fashion. Another way is to do the exercises or home-work recommended by the multimodal therapists. Existential psychotherapists, however, assist clients to gain new experience by means of philosophical exploration.

In terms of the claim of methods and techniques that both existential psychotherapists and multimodal therapists are flexible and versatile and the flexibility of existential psychotherapy matches nicely with the technical eclecticism of multimodal therapy. My argument here is that although multimodal therapists do not automatically fit clients into a predetermined set of treatment techniques, their hope is nevertheless to eventually fit clients into a range of treatment techniques which are specifically put together to fulfil clients' unique and diverse needs. However, existential psychotherapy is not a therapy with a focus on technical procedures, including fitting clients into treatment techniques, regardless of whether the techniques are predetermined or selected for specific clients.

Multimodal therapists also believe in starting where clients are before moving on to exploration, and consistently ask "who or what is best for this client." Similarly, existential psychotherapists assist clients to find their true self and to have the courage to be this self".

My argument here is that multimodal therapists aim to establish where clients are in terms of their modalities and corresponding problems and to establish who is the best person and what is the best method to use to resolve their problems. However, for existential psychotherapists, to assist clients to find their true self and to have the courage to be this self is to free themselves from thinking in terms of who is the best person to help them and what is the best method to use, and, rather, to assist them to engage in philosophical exploration.

The implications from this chapter perhaps show support to a claim that modern day psychotherapy has in fact been fundamentally characterized by serious disagreement on views of human nature, treatment rationales and goals. There are diversities in therapies and for the most part, it is not possible to tolerate or integrate with other approaches. Integrationism is perhaps a myth or simply another therapeutic orientation in the making (Feltham, 1997).

Chapter 4 Existential Psychotherapy and Psychoanalytic Psychotherapy: Interpretation and Transference

In part, chapter 3 is about the problem of integration, of integrating existential psychotherapeutic practices with individual techniques and individual therapeutic approaches (e.g. cognitive-behavioural therapy and multimodal therapy). There is, in fact, another therapeutic approach, often mentioned in existential psychotherapy literature, namely, psychoanalytic psychotherapy.¹ It has been suggested that they share a great deal of significant similarities (Portnoy, 1999),² and that existential psychotherapy has all the elements of psychoanalytic techniques but adds new ones (Heuscher, 1964). There is also a claim that the goals of psychoanalysis and existential thoughts are the same with different names (Rhee, 1990).³ Existential-analytic/psychodynamic therapy have been suggested as a useful method to understand the dynamics in group therapy (Jacobsen, 1997), help people recovering from head injury (Lemma, 1997),⁴ and from burnout (Pines, 2000, 2002).⁵ One could also use the psychoanalytic method, in the first few

¹ By psychoanalytic psychotherapy, my impression is that existential psychotherapists are mainly examining the orthodox Freudian therapy which uses such basic ingredients as free association, interpretation, transference, defence mechanisms etc.

² Dialogical-existential psychotherapy, for example, and interpersonal psychoanalysis have important similarities in that they both emphasize the relatedness between clients and therapists as being the key factor which facilitates change.

³ Apparently, they also have the same goals as Tao practices (Zen Buddhism, Confucianism, Lao-tzu, Chuang-tzu).

⁴ People who suffer from a head injury often face existential issues such as the meaning of life following a life-threatening accident and the subsequent limitations of their functioning. The way in which they experience and manage these existential issues often reflects their own personal dynamics.

⁵ The existential psychotherapeutic approach indicates that the fundamental cause of burnout lies in people's need to find existential importance in their lives and their sense that their jobs do not provide it. The psychoanalytic approach can be used to help us to understand the reason why people choose to derive a sense of importance through a particular career. The reason tends to be some significant childhood experiences and family origin dynamics.

interviews with clients, to organize and comprehend the material which is then followed by interventions such as existential psychotherapy (Abelin-Sas, 1997).

However, are existential psychotherapists keen on integration with psychoanalytic psychotherapy? From my survey of literature, as far as I can see, the answer is: existential psychotherapists are ambivalent. For example, some existential psychotherapists (e.g. Bugental (1965); May (1983, 1979) Boss (1963); Frankl (1986); Spinelli (1994) see the importance of some of Freud's discoveries (e.g. resistance, repression, transference) and wish to retain them and work with them in their therapeutic work. Bugental (1963, 1965), a well-known American existential psychotherapist, has even postulated a form of existential-analytic psychotherapy. This form of therapy, to him, is a simultaneous process of helping clients to free themselves from the constricting and diminishing patterns in their way of being-in-the-world, and helping them to recognize and fulfil their potential for authentic being. At the same time, however, Bugental and others are critical of the way in which Freud understood and defined these discoveries. Thus, they want to re-define them, as May (1983) said, "the existential approach does not have the aim of ruling out the technical discoveries of Freud It does, however, seek to place these discoveries on a new basis, a new understanding or rediscovery of the nature and image of the human being." (May, 1983, p.15).

Despite this ambivalence, on the whole, existential psychotherapy is seen to be distinct from psychoanalytic psychotherapy, as one British existential psychotherapist stated "existential psychotherapy stands in marked contrast to the majority of the psychotherapies which

have their roots in psychoanalytic concepts existential psychotherapy has attempted to challenge it [psychoanalysis] in its entirety with a comprehensive theory and an alternative method [existential psychotherapy]" (du Plock, 1996, p.30). Some would even say that the differences between existential psychotherapy and psychoanalysis are simply irreconcilable which is not matters of semantics (Chessick, 1984).

The questions for me are: how marked is the contrast between existential psychotherapy and psychoanalytic psychotherapy concepts? Have existential psychotherapists challenged psychoanalytic psychotherapy in its entirety? Or have existential psychotherapists simply re-interpreted Freud, a view held some years ago? (Lyons, 1961)⁶ Of course, to address these questions fully would require more than a chapter or so. All I can do is focus on some concepts which are of concern to both existential psychotherapists and psychoanalytic psychotherapists but which, according to existential psychotherapists, bear a great deal of difference in the way in which they are defined by either. These concepts are concerned with making interpretations, transference, resistance, and repression. Basically, my general argument in this chapter and the next is that there are in fact features that both existential psychotherapists and psychoanalytic psychotherapists share in their respective definitions of these concepts (Of course, I by no means claim that by the end of the next chapter, I will have teased out all the common features between them). What I mean by this will become clearer as I go along. If my arguments are right, one will see that existential psychotherapy does not in fact stand as much in marked contrast

⁶ In the 1960s, there was a contrasting view that existential psychotherapy is not a unique therapeutic procedure, and is not opposed to the Freudian view of man. Existential psychotherapy simply ends up re-interpreting Freud.

as existential psychotherapists think, hence, existential psychotherapists have not quite challenged psychoanalytic psychotherapy in its entirety.

By arguing, through showing some common features between existential psychotherapy and psychoanalytic psychotherapy, that existential psychotherapy does not stand as much in marked contrast to psychoanalytic psychotherapy as existential psychotherapists think, and that existential psychotherapists have not quite challenged psychoanalytic psychotherapy in its entirety, my ultimate aim is in fact to reveal critiques on some of the claims by existential psychotherapists. That is, while they claim that they distinguish themselves from psychoanalytic psychotherapists in terms of how they conceptualise making interpretations, transference, resistance, and repression, there is in fact a great deal of similarity between them.

4.1 Analytic vs descriptive interpretations

Let me begin with the concept of making interpretations. Like psychoanalytic psychotherapists, existential psychotherapists believe in making interpretations in therapy, as Spinelli, a British existential psychotherapist, said, “therapists *can do nothing but interpret their clients’ inner worlds as expressed through their statements and behaviours* (Spinelli, 1994, p.198). I suppose one can say that this is a common feature of all types of psychotherapies. This is echoed by recent studies showing that interpretation is used with similar frequency across different therapeutic approaches (client-centered therapy, rational-

emotive behavioural therapy, Gestalt and existential psychotherapy) (Gazzola et al, 2003; Gazzola & Stalikas, 2004).⁷

Thus, one is not concerned with *whether* therapists should make interpretations, but *how* to make interpretations. Existential psychotherapists claim that the way they make interpretations is different to psychoanalytic psychotherapists. According to existential psychotherapists, there are two types of interpretation, namely, analytic and descriptive. Existential psychotherapists believe that psychoanalytic psychotherapists endorse analytic interpretations while they themselves endorse descriptive interpretations (Spinelli, 1994).

Existential psychotherapists believe rightly that in doing analytic interpretations, psychoanalytic psychotherapists “go behind or beneath the presented (or “manifest”) material contained in a statement so that its hidden (or “latent”) meaning may be ascertained.” (Spinelli, 1994, p.198) To illustrate this meaning, Spinelli uses the example of a client saying “I am terrified of rats”. According to the analytic interpretations, this statement might mean that this client is expressing, in a disguised fashion, some form of antagonism or revulsion towards his or her sibling or even the therapist. So, this manifest statement is being understood to be a disguised expression of a “latent message” which clients are not willing or not able to express directly. Existential psychotherapists then go on to say that through their training, psychoanalytic psychotherapists believe that they have superior knowledge, implying a position of power, which allows them to explain clients’

⁷ Different therapies might have their own specific pattern of interpretation, style of delivering the interpretation, and put their emphases on different aspects of interpretations. It has also been found that clients on the whole react to interpretations positively.

behaviours and indeed some of their forces or mechanisms by revealing the hidden or latent meanings, i.e. the “true” or “correct” meaning behind their clients’ statements.

With regard to the descriptive interpretation which existential psychotherapists endorse, existential psychotherapists claim that they focus on the manifest material and “seek to extract the meaning of that material to the client by engaging the client in a descriptively focused process of clarification wherein the manifest material may be ‘opened up’ to mutual investigation. This might be done, for example, by focusing on various elements contained in the manifest material and considering what they express to the client about his or her currently lived experience, what they reveal or imply about his or her self-construct, relations with others and so forth.” (Spinelli, 1994, pp.199-200) The crucial point here is that, according to existential psychotherapists, they claim that they restrain themselves from looking for “hidden meanings” guided by some theory or theory-led standpoint. Instead, they look for meaning which comes from the descriptive process and is always understood in the light of current experience. Of course, this does not mean that existential psychotherapists do not pursue any hypotheses or take any theory-derived stance in their therapeutic relationship with their clients. They do, but the hypotheses or theory-derived stances that they pursue are more flexible and open to challenge or rejection by clients than the analytical approach. Existential psychotherapists believe that this descriptive approach provides more adequate interpretations because it is open to increased possibilities of meaning and significance rather than focuses on finding a final and fixed “truth”.⁸

⁸ Deurzen-Smith (1997) said that interpretation is done with the framework of the meaning of clients rather than the therapist (e.g. using terms such as archetypes, phallic symbols etc) (see p.229). What’s important to existential psychotherapists is to understand clients’ unique meaning of their lived experience. The idea is that

In that sense, returning to the aforementioned client's statement "I am terrified of rats", Existential psychotherapists would focus on clarifying elements (contained in this manifest statement) and would explore, for example, what this experience of "being terrified" is like for the client, what this experience of "being terrified" reveals about client's current self-construct and what the client currently thinks and believes about others' views and attitudes towards his or her expression of "being terrified" etc. As a result of staying with the manifest statement and trying to clarify the elements contained in it, existential psychotherapists might realize that this client in fact has issues over a generalized experience in his or her relationship with others. Thus, the idea here is not to lose sight of the here-and-now, existing person with current experience by dwelling on finding explanations of human behaviour, forces or mechanisms.

Similar to psychoanalytic psychotherapists, however, existential psychotherapists do not deny that they are in a position of power in therapy. For example, existential psychotherapists still need to make decisions about which elements in clients' material are worth clarifying and, at which point, to interpret clients' descriptions as being good enough approximations of clients' unique world-views.⁹ However, existential psychotherapists would argue that this kind of power is different from that of psychoanalytic psychotherapists. At the very least, this kind of power is shared between therapists and

one can achieve that by way of descriptive interpretations which does not depend on abstract theorizing or diagnostic conceptualization (Walsh & McElwain, 2002).

⁹ Spinelli made it quite explicit "..... it remains the case that interpretations *are* being made by the therapist. Firstly, because the therapist makes decisions about which elements in the client's material seem worthwhile clarifying. And secondly because the therapist must at some point make assumptions about the client's descriptions as being 'good enough' approximations of the client's unique and not fully shareable world-views." (Spinelli, 1994, p.200).

clients (i.e. more of a co-operative expression of power) in order to enhance the potentials of therapeutic dialogue, despite the fact that such power would never be shared completely equally.

4.2 Searching for hidden or latent materials for both existential psychotherapists and Psychoanalytic psychotherapists

Despite the apparent differences between existential psychotherapists and psychoanalytic psychotherapy in the types of interpretations that they make, I shall argue that there is in fact a common feature shared by both existential psychotherapists and psychoanalytic psychotherapists. This common feature is concerned with a fundamental goal that both therapists wish to achieve by means of doing their own kinds of interpretations. The upshot of my argument is this. While existential psychotherapists claim that, unlike psychoanalytic psychotherapists, they restrain themselves from looking for hidden or latent meaning in manifest material, existential psychotherapists in fact do likewise through making their own interpretations.

Let me begin by reiterating the point that both existential psychotherapists and psychoanalytic psychotherapists have agreed that they both inevitably make interpretations by listening to clients' statements. That is, they listen to clients' manifest materials (i.e. what clients say) in order to, for psychoanalytic psychotherapists, discover latent material through analytic interpretations, and for existential psychotherapists, extract meanings from these materials through descriptive interpretation. Let's be clear,

then. It is interpretations that both existential psychotherapists and psychoanalytic psychotherapists are making as opposed to straightforward translations from manifest material. The former presupposes the fact that therapists need to go behind or beneath the manifest material of their clients in order to obtain meaning which might not be directly obvious to clients, i.e. hidden or latent meaning (e.g. A poet might be asked to interpret the meaning of a poem to find hidden or latent meaning in it which is not obvious to others). The latter, however, presupposes the fact that they do not go behind or beneath the manifest material (e.g. if I am asked to translate an English passage into Chinese, I will try to make sure that the surface meanings in the English words and sentences are retained and reflected in the Chinese passage, instead of going behind or beneath the surface meanings of these English words and sentences and constructing a Chinese passage accordingly). Clearly, existential psychotherapists, in the same way as psychoanalytic psychotherapists, need to go behind or beneath the manifest material of their clients in order to obtain meaning which might not be directly obvious to clients, i.e. hidden or latent meaning. This is true even when existential psychotherapists assist their clients to focus on extracting meaning from some manifest material by engaging clients in a descriptively focused process of clarification. In that sense, it is quite inaccurate for existential psychotherapists to say that they restrain themselves from looking for *hidden meaning*.

Returning to the client who said “I am terrified of rats”, this statement, according to existential psychotherapists’ descriptive interpretations, means that this client has issues over a generalized experience in his or her relationship with others. Now, clearly, “I am

terrified of rats” is not a straightforward translation of “having issues over a generalized experience in my relationship with others”. The latter was very much hidden when the client was saying “I am terrified of rats”. It only became apparent when this hidden or latent meaning was revealed through existential psychotherapists’ descriptive interpretations. The above simple argument amounts to the fact that existential psychotherapists in fact have the same fundamental aim as psychoanalytic psychotherapists to find hidden or latent meaning in clients’ manifest material through making interpretations.¹⁰

My argument thus far seems to be straightforward enough. However, let’s consider the following possible response. One might argue that by means of descriptive interpretations, the fundamental aim is for clients to *describe* themselves in some detail and to clarify for themselves something that they might have already known about themselves. So, this notion of describing and clarifying implies a sense of finding no hidden or latent meaning, one might argue. For example, if someone asks me to describe, as opposed to interpret, a painting, I might say “there is a tree standing next to a house with a mountain in the background.” Now, if what I say about the painting is a bit confusing, I can then clarify it by re-describing it, perhaps, in a different way. I am not necessarily trying to find hidden or latent meaning behind this painting. For example, I am not trying to find out what the tree symbolizes or what the relationship between the house and the tree signifies.

¹⁰ I am not saying that while existential psychotherapists claim that they are doing descriptive interpretations, they are in fact doing analytic interpretations. This is because the process involved in and the theory behind making these interpretations are seemingly different, while the fundamental aim is the same.

Similarly, as was mentioned, existential psychotherapists try to assist their clients to stay with the manifest materials and engage in a descriptively focused process of clarification, i.e. describe some specific elements contained in the manifest material. So, returning to Spinelli's client who said "I am terrified of rats", therapists might assist this client to focus on describing or clarifying some specific elements of the experience of being terrified, what being terrified means in relation to this client's self-construct, what this client thinks and believes about other people's views and attitudes towards his or her expression of being terrified, what opinions and assumptions that he or she has about rats etc. (Spinelli, 1994). Now, if someone asks me to describe what my experience of being terrified is like, what I think and believe about how other people view my expression of being terrified and what I assume about rats etc, I am not trying to find hidden or latent meaning. Instead, I am simply describing something that I know about myself.

In the light of the above, should I revise my argument that existential psychotherapists and psychoanalytic psychotherapists share the fundamental aim of looking for hidden or latent meaning in manifest material? May be not. The reason is this. Imagine that as well as saying "I am terrified of rats", our hypothetical client is also saying "I was terrified of my father when I was small", "I am happy with my marriage", "I find people who talk on mobile phones on the train very annoying" etc. The point here is that throughout therapy sessions, much manifest material is emerging from clients, from which, as was mentioned above, therapists need to decide which statements from this manifest material and which elements within those statements are worthwhile clarifying. Clarification of these elements within statements would produce "fragments of stories" or "pieces of puzzles". Clients need

assistance from therapists (especially as these clients are often confused, lack direction, and find that life does not make sense) to see how these fragments or pieces of puzzles cohere together and relate to each other in a meaningful way.

This sense of coherence among these fragments of stories and pieces of puzzles is, I think, important since it will probably generate *meaning* for clients with regard to their currently lived experiences, self-construct, relations with others and their aims and directions in life. This meaning, I wish to emphasize, is not necessarily obvious to clients (hidden or latent). It gradually becomes obvious to clients as therapists assist them to see how the fragments of stories or pieces of puzzles cohere. In other words, therapists do more than decide for clients which elements of the material to focus on and assist them to continue staying with and describing manifest material about themselves. Arguably, they also assist clients to see where possible links and connections between fragments and pieces of puzzles can be made so that the likelihood for some meaning, which are not obvious to them (i.e. hidden or latent meanings), to arise would be greater.

I do not mean that existential psychotherapists would necessarily make the link or connections for their clients, since existential psychotherapists believe that with assistance, clients should be able to make the link, or connection, to find direction, to organize their experiences and make life meaningful (see fundamental basic assumptions in chapter 2). But the crucial point here is that clients, due to their general state of confusion, would tend not to be able to make sensible connections and links between fragments and pieces of puzzles and to find their own direction and meaning in life, without the guidance or intuition

of therapists (such intuition is probably derived from life and therapeutic experience).¹¹ This intuition enables therapists to know where possible links and connections can be made so that the possibility of generating meaning from hidden or latent material, is greater.

This is analogous to two detectives who try to resolve a murder. One is an experienced detective and the other is not. When the experienced detective arrives at the scene of the murder, he or she knows intuitively what clues at the murder scene that he or she needs to notice or connect or link up in order to have a “good enough approximation” of what physically happened leading up to the murder. On the other hand, when the inexperienced detective arrives at the murder scene, he or she might see lots of clues but be unable to intuitively see the connection between them, and so, remain unable to arrive at a good enough approximation of what physically happened leading up to the murder. I think experienced existential psychotherapists would assist their clients to pay close attention to links between certain fragments or pieces of puzzles so that some possible hidden or latent meaning might be revealed which, in turn, helps clients to understand more about themselves and arrive at a good enough approximation of themselves or their world views. Now, in that sense, I want to retain my argument that existential psychotherapists and psychoanalytic psychotherapists in fact share the same fundamental aim of looking for hidden or latent meaning from manifest materials.

To put this argument another way, if the fundamental aim for existential psychotherapists is only to assist their clients to describe themselves in some detail and to clarify for themselves

¹¹ This is partly what existential psychotherapists mean when they call themselves mentors in the art of living (see chapter 2).

something that they might have already known about themselves, then the term descriptive *interpretation* is in fact misleading, since the term *interpretation* presupposes the fact that, rather than simply describe manifest materials, therapists need to go behind or beneath the manifest materials of their clients in order to reveal hidden or latent meaning. However, my argument above is basically suggesting that the term descriptive interpretation is not misleading so long as we agree that therapists, on the basis of their intuition derived from life and therapeutic experience, do *interpret* the meaningful coherence of clients' fragments of stories and pieces of puzzles (i.e. assist clients to realize how these stories and puzzles relate to each other) which result from clients' efforts to successfully describe specific elements contained in their manifest material (i.e. descriptive interpretation).

4.3 Some passing remarks

Let me end this section on searching for hidden or latent material by making some passing remarks on one of the aforementioned existential psychotherapists' claims. This is the claim that existential psychotherapists restrain themselves from looking for "hidden meaning" guided by some theory or theory-led standpoint. The reason I make these passing remarks is partly because I wish to reinforce what I have argued so far and partly because I want to show a couple of differences between existential psychotherapists and psychoanalytic psychotherapists. After all, no one, certainly not I, is saying that existential psychotherapists and psychoanalytic psychotherapists are identical in every respect.

However, as readers will see, these differences do not in fact do any damage to what I have argued thus far.

Firstly, to say that existential psychotherapists *restrain* themselves from looking for hidden or latent meaning suggests to me a sense of difficulty in resisting the temptation to find hidden or latent meaning. For example, if I say I restrain myself from eating chocolate, I mean I experience a sense of difficulty in resisting the temptation to eat chocolate. I suppose my arguments so far imply that existential psychotherapists experience difficulty resisting the temptation to find hidden or latent meaning because they are trying to resist something which is inevitable. That is, to look for hidden or latent meaning is inevitable.

Secondly, the claim that existential psychotherapists restrain themselves from looking for hidden or latent meaning *guided by some theory-led standpoint* does not mean that they are not taking a theory-derived stance. Existential psychotherapists in fact admit that they do pursue hypotheses or take a theory-derived stance¹² in their therapeutic relationships with their clients; however, the theory-derived stance, existential psychotherapists claim, is more flexible and open to clients' challenge or rejection than psychoanalytic psychotherapists'. However, allowing one's theory-derived stance to be challenged or rejected does not equate to accepting the possibility of having no solidly based theories. Similarly, for existential psychotherapists to allow their theory-derived stance to be challenged or rejected does not equate to accepting the possibility of having no solidly based existential psychotherapeutic

¹² I got this point from Spinelli's (1994) book *Demystifying Therapy*. When he says theory-derived stance, he must mean some kind of theories existing. However, as far as I can see, he has not quite explained what he meant by theories or specified which theories he had in mind. Paradoxically, as I mentioned in a

theories. In other words, the general and yet fundamental existential theories which set the basis for existential psychotherapy practices should still prevail, regardless of clients' endless challenges or rejections of existential psychotherapists' theory-derived stance (If existential psychotherapists accept the fact that their solidly based existential psychotherapeutic theories could disappear altogether because of clients' challenge or rejection of them, I really do not see why any clients should have faith in such therapy). In that sense, there is no difference between existential psychotherapy and psychoanalytic psychotherapy, apart from a difference in content of theories. They both believe in and hold solidly fundamental theories which set the basis for their practices and for the assistance they give to their clients to explore themselves through the revelation of hidden or latent meaning.

So, it seems to me that one difference between existential psychotherapists and psychoanalytic psychotherapists is the idea that psychoanalytic psychotherapists admit more readily to the idea of finding hidden or latent meaning than existential psychotherapists. Nevertheless, as I have argued, both existential psychotherapists and psychoanalytic psychotherapists are finding hidden or latent meaning. Another difference is that existential psychotherapists are seemingly more willing than psychoanalytic psychotherapists for clients to challenge or reject their hypotheses or theory-derived stance, though not completely, since both existential psychotherapists and psychoanalytic psychotherapists will always hold solidly some fundamental theories which set the basis for their respective practices.

previous chapter, I am inclined to think that existential psychotherapy is an "intellectual framework" or "theoretical framework" rather than a theory.

4.4 Superior knowledge and the trueness or correctness in meaning of clients' statements

In relation to existential psychotherapists' remarks on psychoanalytic psychotherapists' search for hidden or latent meaning in interpretations, existential psychotherapists also point out the fact that, through training, psychoanalytic psychotherapists possess *superior knowledge*. By superior knowledge, they mean that psychoanalytic psychotherapists possess a kind of knowledge that other people do not have, implying a position of power which enables them to access not only the hidden and indeed *true* and *correct* meaning (e.g. the client is in fact expressing, in a disguised fashion, some form of antagonism or revulsion towards their sibling or even the therapist) behind clients' statements (e.g. "I am terrified of rats"). On the other hand, existential psychotherapists do not claim to possess such superior knowledge, although they do admit that they are also in a position of power during therapy. My argument here is twofold. First, I will argue that existential psychotherapists' claim that psychoanalytic psychotherapists possess superior knowledge is in fact unjustified. I will then focus specially on the notion of the true or correct meaning behind clients' statements and attempt to reveal one common feature between existential psychotherapy and psychoanalytic psychotherapy in relation to it.

Seemingly, existential psychotherapists believe that psychoanalytic psychotherapists possess superior knowledge because psychoanalytic psychotherapists *know* the hidden meaning behind clients' statements, which, psychoanalytic psychotherapists claim, is *true*

and *correct*. So, one reason that existential psychotherapists believe that psychoanalytic psychotherapists possess superior knowledge is concerned with psychoanalytic psychotherapists' *ability to know* hidden meaning that they claim is true or correct. If they *do not know* this meaning, they cannot be said to possess superior knowledge. Similarly, if prophets do not possess knowledge given to them by God, they cannot be said to possess superior knowledge. Indeed, psychoanalytic psychotherapists' ability to have certain knowledge is necessarily established before one can start determining whether or not the knowledge that they know is superior. One might say this is a basic criterion. I do not have a strong objection to the above. However, to determine whether psychoanalytic psychotherapists indeed possess superior knowledge, we need more information, hence, the second reason from existential psychotherapists.

The second reason is concerned with the nature of the meaning or knowledge that psychoanalytic psychotherapists claim to be able to access. That is, existential psychotherapists decide that psychoanalytic psychotherapists possess superior knowledge because psychoanalytic psychotherapists, according to existential psychotherapists, *claim* that this meaning is *true or correct*, corresponding to some *fixed truths*. In other words, existential psychotherapists are implying that for psychoanalytic psychotherapists to have the ability to know the *true or correct* hidden meaning behind clients' statements which corresponds to fixed truths is somehow superior to existential psychotherapists' knowledge of the *good enough approximations* of clients' statements which do not correspond to fixed truths. This is why existential psychotherapists think that psychoanalytic psychotherapists possess superior knowledge whereas *they* do not. This is where I begin to feel that

existential psychotherapists are in fact unjustified in making the claim that psychoanalytic psychotherapists possess superior knowledge.

Why should one assume that knowing some hidden meaning behind clients' statements which, as psychoanalytic psychotherapists *claim*, is true or correct and corresponds to fixed truths about humans would be superior to knowing some meaning which, as existential psychotherapists claim, is only approximate and does not correspond to fixed truths about humans? After all, what psychoanalytic psychotherapists claim to know (i.e. the hidden meanings which are true or correct and correspond to fixed truths about humans) is not that which is given to psychoanalytic psychotherapists by God and which thus corresponds to some preordained fixed truths about humans (If that's the case, one might be inclined to think that the psychoanalytic psychotherapeutic kind of knowledge is superior to approximate knowledge about humans). The psychoanalytic psychotherapeutic claims are simply professional knowledge as opposed to supernatural knowledge. It is simply a kind of professional knowledge gained through professional training in the same way as the existential psychotherapeutic kind of professional knowledge gained through their own professional training. On the basis of their professional training, both existential psychotherapists and psychoanalytic psychotherapists make professional claims. Now, I know that even within professional claims, some claims are more *true* or *correct* than others, by which I mean some claims correspond to some fixed truth more so than others. But still, I do not see why the claims which correspond to fixed truths more so than the others should therefore be superior to the professional claims which do not correspond to or correspond less to some fixed truth. Why would, for example, knowing the true or correct

nature of gravity which corresponds to some fixed truths (i.e. truths about physical laws) be superior to knowing some abstract philosophical debate which does not correspond to some fixed truths? On what basis can one judge that the former is somehow superior to the latter? Why should existential psychotherapists put a value judgement on it? Why do they assume that the “scientific-like” knowledge (knowledge which corresponds to fixed truth, i.e. psychoanalytic psychotherapeutic type of knowledge) is somehow superior to the “non-scientific-like” knowledge (knowledge which does not correspond to fixed truths, i.e. existential psychotherapeutic type of knowledge)? Similarly, why would the meaning attributed by the psychoanalytic psychotherapists to the aforementioned client’s statement “I am terrified of rats” which is claimed to be true or correct and which corresponds to some fixed truths about humans (a scientific-like approach) make it superior to the existential psychotherapeutic meaning behind the same statement which is claimed not to correspond to some fixed truths (a non-scientific-like approach)? To me, there is simply no reason to think that the scientific knowledge of Chemistry is superior to the non-scientific knowledge of theology or philosophy. To me, there is no justification for putting such value judgement on these types of knowledge. But, it seems to me that if existential psychotherapists insist that psychoanalytic psychotherapists possess superior knowledge, they need to justify this which, as far as I can see, they have not done.

The implication from what I have argued so far is that existential psychotherapists should consider changing their claim that psychoanalytic psychotherapists possess superior knowledge, since no justification for such a claim has been found. What’s the alternative claim for existential psychotherapists then? I think it is better to simply relinquish the

notion of superior knowledge but to think in terms of accessible knowledge. That is, through their respective professional training, both are able to access knowledge which other people (e.g. clients) who have not gone through the same training would not be able to access. According to their own accessible professional knowledge, both existential psychotherapists and psychoanalytic psychotherapists make their own claims and view their claims differently. For existential psychotherapists, these claims are approximations of clients' unique world-views whereas for psychoanalytic psychotherapists, these claims are true or correct which correspond to some fixed truths. They are simply different ways of interpreting meaning which, as I have argued, do not presuppose a notion of superiority.

Let me continue the discussion by focusing specifically on the notion of true or correct meaning and attempt to reveal one common feature between existential psychotherapy and psychoanalytic psychotherapy in relation to it. To reiterate, existential psychotherapists say that psychoanalytic psychotherapists claim to arrive at true and correct meaning behind clients' statements whereas existential psychotherapists claim that the meaning that they discover for their clients are approximations of clients' unique world-views. Does this mean that existential psychotherapists do not believe there to be any degree of trueness or correctness in the meaning that they discover through interpretations? I think not. I shall argue that both existential psychotherapists and psychoanalytic psychotherapists in fact believe there to be a degree of trueness or correctness in the meaning that they discover with their clients. To be clear, by developing my arguments, I am not trying to find evidence showing that there are some existential psychotherapists who, like psychoanalytic psychotherapists, in fact claim that they do arrive at true and correct meaning behind clients'

statements through interpretation. Instead, I want to argue that while existential psychotherapists claim that they do not believe in arriving at true and correct meaning behind clients' statement and that the meanings that they discover are approximations of clients' unique world-views, they, in my view, inevitably believe in a degree of trueness or correctness in the meaning that they discover through interpretation. Thus, to echo psychoanalytic psychotherapists, existential psychotherapists should endorse the idea that they do discover meaning with their clients which is a true enough approximation (as opposed to good enough approximation) about their clients and corresponds to some fixed truths (as opposed to no fixed truths) about their individual clients.

As I argued previously, existential psychotherapists, like psychoanalytic psychotherapists, also assist their clients to find hidden or latent meaning at some stage during therapy (including assisting clients to see a sense of coherence between fragments of stories and pieces of puzzles which then generates meaning, that is not necessarily obvious to clients, i.e. hidden or latent meanings). They do not simply reveal hidden or latent meaning only once and then claim that therapy is finished. Meaning after meaning gets discovered in therapy. After one meaning is discovered (i.e. such meaning has undergone clients' scrutiny, revision, clarification, and challenge) (let me call that M1), they explore further with their clients, leading to another discovered meaning (M2).¹³ Now, it seems to me that before therapists can carry out further exploration and clarify with clients M2, they need to acknowledge, accept, or believe in, at least momentarily, a degree of *correctness* or *trueness* of M1. That is, this M1 is believed to be correct or true in the sense that it does reflect

¹³ I am not necessarily saying existential psychotherapists work out during therapy the causal link between M1, M2, M3 etc. In fact, M1, M2 and M3 might not necessarily be linked.

accurately or appropriately some aspects of clients and that it does tell us something real about clients with respect to, say, some of their struggles in life. Without this sense of trueness or correctness, it's quite difficult to imagine how therapists could make any progress in their explorations with clients. That is, to me, the fact that existential psychotherapists can keep exploring, discovering and clarifying new meaning with clients suggests to me that they not only accept or believe in a degree of correctness or trueness, at least momentarily, of the meaning that they have discovered and clarified with clients, but also that they accept or believe in the correctness or trueness of such meaning to a greater degree as further meaning begins to provide a coherent or understandable picture of the clients.

This is analogous to archaeologists who make an approximation of the date when a piece of clay pot was made or of the type of people who may have used it. Of course, this is an approximation which is open to challenge or perhaps rejection by subsequent theories. But, when they say that they have studied this piece of clay thoroughly and believe that the information about the clay was made on the basis of the best available and most appropriate professional knowledge, they then feel a sense of correctness or trueness about the information pertaining to the clay. Evidence from other studies might echo or support the approximation, thus making this sense of correctness or trueness even stronger.

To put the argument another way, it is quite difficult to imagine how existential psychotherapists can make progress with their clients, if they really believe the meaning they have discovered and clarified with their clients to be untrue or incorrect in the sense of

not reflecting accurately or appropriately some aspects of their clients. If they can make progress with this belief of the untruthfulness or incorrectness of the meaning that they have discovered, to me, they have to be flawed, inauthentic, somewhat like liars or actors who have no conscience but pretend to help clients with a kind of professional knowledge which is in fact false (i.e. if existential psychotherapists cannot discover any true or correct meaning with their clients by practicing on the basis of their own professional knowledge, one could assume that such knowledge is in fact false to begin with).

Also, if existential psychotherapists really believe whatever meaning they have discovered with their clients to be untrue or incorrect (i.e. not reflecting accurately or appropriately some aspects of their clients), existential psychotherapists are basically implying that both existential psychotherapists themselves and clients should never be confident about the accuracy of the interpretations or so-called good enough approximations of clients' world-view that they arrive at through their therapeutic alliance (co-operative relationship between therapists and clients). Also, there is no reason to assume that by means of the existential psychotherapeutic descriptive approach as opposed to analytic interpretation, existential psychotherapists would provide more "adequate" interpretations, since no one should be confident about the truth or correctness of these interpretations. Also, if existential psychotherapists really believe whatever meaning that they have discovered with clients to be untrue or incorrect (i.e. not reflecting accurately or appropriately some aspects of their clients), one wonders how clients would ever benefit from the therapy. Why should clients believe in their existential psychotherapists when they feel that their therapists do not believe there to be a sense of truthfulness or correctness in the meaning that they discover?

Surely, to come out of this impossible situation is to admit that there is indeed some degree of trueness or correctness in the meaning that existential psychotherapists discover with clients. That is to admit that existential psychotherapists, like psychoanalytic psychotherapists, also believe that the meaning that they have discovered does reflect accurately or appropriately some aspects of their clients and does tell us something real about these clients with respect to some of their struggles in life. Once they admit that, one wonders whether the term “good enough approximation of clients’ world-view” is accurate. To me, the term “true enough approximation about clients” is perhaps more accurate. In other words, I am implying that if existential psychotherapists admit that they believe there to be a degree of trueness or correctness in the meaning that they discover with their clients which in turn means that they believe that this meaning reflects accurately or appropriately some aspects of their clients and tells us something real about clients with respect to some of their struggles in life, to me, it is reasonable to say that existential psychotherapists have discovered meaning which is a *true enough approximation* about clients and *corresponds to some fixed truths* (as opposed to no fixed truths) about their individual clients. To say that this “meaning corresponds to fixed truths” basically implies that there are real aspects about clients which exist and which can be discovered. To put this another way, it would be non-sensical if existential psychotherapists believed in the trueness or correctness of meaning which reflects accurately or appropriately some real aspects about their clients with respect to their struggles, if these real aspects do not exist or cannot be discovered. Of course, I do not deny that the way they arrive at or explain these fixed truths are different between

existential psychotherapists and psychoanalytic psychotherapists. Also, the degree of fixedness or the degree of universality of fixedness is probably different between them. Nevertheless, I see no reason why existential psychotherapists cannot echo psychoanalytic psychotherapists in saying that they do discover meaning with clients which is a true enough approximation about them and which corresponds to some fixed truths about them (i.e. the meaning does reflect accurately or appropriately some real aspects about clients with respect to their struggles in life).

4.5 Transference

I now wish to turn to another concept, namely, transference, and to argue that while there are *prima facie* differences between existential psychotherapists and psychoanalytic psychotherapists in defining the concept of transference, there are in fact common features. The first argument is concerned with the notion of transferring one's experiences. I shall argue that there is a notion of transfer embedded within the notions of transference among both existential psychotherapists and psychoanalytic psychotherapists. The second argument is concerned with one fundamental aim that both therapists wish to achieve by engaging with their clients in the phenomenon of transference during therapy (Of course, I am by no means suggesting that this is the only aim). This aim is to assist clients to explore themselves by drawing attention to a relationship between similar psychological reactions associated with different chronological life events. The third argument is concerned with the common feature between existential psychotherapists and psychoanalytic psychotherapists of seeing transference as a real and genuine event happening between

therapists and clients. The fourth argument is concerned with the common feature between existential psychotherapists and psychoanalytic psychotherapists attending to the causal power and the present meaning within the transference relationship.

But, first and foremost, let me give a rough depiction of transference as defined by existential psychotherapists and psychoanalytic psychotherapists. Psychoanalytic psychotherapists believe that the phenomenon of transference needs to be worked through in a therapeutic relationship in order for therapy to be successfully completed. Transference indicates a disruption in the therapeutic relationship between therapist and client. It occurs when clients make a “false connection” between some past ideas, some extra-therapeutic situations and the psychoanalysts. Transference is usually defined as an unconscious process in which clients displace, project or transfer onto other people, such as their therapists, from clients’ past “prototypes”, such as treating therapists as if they were clients’ parents or some significant others. In other words, the current feelings, thoughts and behaviours that they clients direct toward their therapists might be influenced and distorted by experiences in their childhood, in particular, experiences with their parents. That is to say, various emotions or psychological reactions associated with clients’ past interfere with the present therapeutic relationship.¹⁴ There is positive transference and negative transference.

Existential psychotherapists also believe that the phenomenon of transference exists, in fact, so much so that therapists can find elements of transference in all of their encounters

with their clients. That is, every encounter expresses similarities or resonances with past experiences in our lives (Spinelli, 1994). The way in which existential psychotherapists define transference is somewhat different from that of psychoanalytic psychotherapists. In fact, Boss claimed that “perhaps the most significant area in which Daseinsanalytic thinking¹⁵ differs from psychoanalytic thinking is in the conception of transference” (Boss, 1963, p.237).

According to existential psychotherapists, transference means that in certain areas of their lives, clients have never developed beyond the limited and restricted forms of experience, with which they perceive others, including their therapists. That is, they perceive others through the same restricted, distorted “spectacles” as they perceived their parents or significant others.¹⁶ In other words, transference should be seen in terms of perception and relatedness to the world. It is a real event happening within the relationship between two people (e.g. therapist and client). For existential psychotherapists, when we exist primarily in a state of relatedness, it would be meaningless to distinguish between a “real” and a transference relationship. The therapeutic relationship is always real. It is what we are “in”, what we experience, and it is always mutual (Boss, 1963).¹⁷

¹⁴ Originally, Freud had this idea that transference interfered with the therapeutic process and should thus be removed. Later, he changed his mind and thought that it was important to analyse both positive and negative transference as part of therapy (Holmes & Lindley, 1989).

¹⁵ Daseinsanalysis is a form of existential psychotherapy. See a review of the life and work of Medard Boss which includes the development of Daseinsanalysis and its roots in psychoanalysis, existential phenomenological psychiatry, Heideggerian philosophy and Indian thoughts (Craig, 1993).

¹⁶ As Boss stated: “..... the patient will hate his analyst as long as he is still (because of his childhood experiences) open only to a child-father or child-mother relationship which limits his perception of adults to frustrating experiences. He will hate him even more—and with good reason—if the analyst, because of his own so-called countertransference (i.e. his own neurotically restricted emotional attitude toward the patient) actually behaves like one of the formerly hated parents.” (Boss, 1963, p.240).

¹⁷ To say that the therapeutic relationship is real and mutual throughout does not mean that therapists and clients are making the same contributions to the therapeutic relationship. The main task in a therapeutic relationship is to clarify whatever clients bring to the sessions. These sessions provide the space in which

In other words, existential psychotherapists claim that therapists need to “*engage* with their clients and recognize that their presence is not only as a representative or transference other, but that *they* are *the other in the current encounter*. And, in being so, *their* words, *their* behaviour, and *their* presence are at least as ‘real’ and significant as that of any ‘other’ whom the client brings from his past encounters it can be argued that the ‘others’ from the client’s past are being employed to express issues concerning clients’ experiences of their *current* relationships—including, of course, those with their therapists.” (Spinelli, 1994, p.193).

Boss (1963) claimed that the psychoanalytic psychotherapeutic notion of transference is not a plausible concept because according to him, the psychoanalytic psychotherapeutic notion of transference implies “... that there are such things as “feelings” or “affects” existing as distinct psychic formations in themselves and for themselves, detachable from the mental object-representations to which they originally adhered. Only if we assume such thing-like, isolated, and independent feelings is it possible to imagine, for instance, that hate for a father can be detached from the father, pent up inside, and transferred to the analyst during the course of psychoanalysis such shiftable feelings or affects are merely mental constructions and do not actually exist.” (Boss, 1963, p.122).

To Boss, “transference is not a mere deception based on a faulty linking of affects and instincts to the “wrong” object, as Freud thought.” (Boss, 1963, p.123). Rather, transference

clients can talk about whatever they choose to talk about and therapists can listen to them carefully and unselectively. Therapists respond in the forms of questioning or making comments in order to assist clients to

“is always a genuine relationship between the analysand and the analyst.” (p.123). To Boss, when client and therapist come together, they disclose themselves to each other as human beings. In the transference relationship, there is no “transfer of libido” from a primarily narcissistic ego to the love-object, no transfer of an affect or emotion from a former love object to a present-day partner and no displacement of detachable feelings or projection.¹⁸ All phenomena have their own direct reality and they have to be dealt with in this manner.

While existential psychotherapists claim that clients will not “transfer” their past experience of their parents onto therapists, covering up therapists’ reality in the process, they at the same time say that the way in which clients have experienced their parents will enter clients’ experiential approach to their therapists. To explain this, one needs to look at the way in which existential psychotherapists look at the relationship between past, present and future. Existential psychotherapists do not see past, present and future in a linear relationship but as multidimensional. One British existential psychotherapist put it thus: “The past is still present in a present that anticipates the future..... Thus, a client will not ‘transfer’ his or her past experience of mother or father on to the therapist, covering up the therapist’s reality in the process, but the way in which the client has experienced father or mother will enter his or her experiential approach to their therapist. This does not occur, as it were, as a leftover from the past, but as an aspect of the client’s present capacity to experience a person of a certain kind

clarify their concerns (Cohn, 1997).

¹⁸ As Boss (1963) pointed out, projection implies 1) the existence of two thing-like “egos” or “psyches” and 2) the possibility of throwing some of the contents of one of these “psychies” over into the other (Boss, 1963: 126). However, these gaps do not exist for existential psychotherapists.

To some existential psychotherapists, however, the notion of projection is accepted in transference. Transference has been defined as clients' unconscious attempt to re-establish a past collaborative relationship (i.e. a collaborative way of being in the world) with some significant others in their lives. Clients will try to use, with their therapists, a pattern of relationship which worked best with significant others in the past (Bugental, 1965).¹⁹ According to these existential psychotherapists, therapists often do not realize how genuinely clients see their therapists in a *projective* fashion as Bugental (1965) stated:

“We are accustomed to think of this as a matter of the patient seeing the therapist “sort of like” he saw his father. This is not so. Unconsciously the patient experiences the therapist as his father or another earlier figure.....the patient will re-enact and relive his relationship to the father in the relationship to the therapist. It is hard to find the words to express how literally this is so. Usually much experience and an adequate personal therapeutic experience are required for the therapist to appreciate the vividness of this projection”
(Bugental, 1965, p.143)

Similarly, May (1983), a well-known American existential psychotherapist, also accepts the notion of projection in that clients will transfer the way they react to their parents onto the present experience with the therapist. That is, we do indeed form present experience

¹⁹ According to Bugental (1965), clients decide to re-establish this collaborative relationship in terms of two variables 1) the kinds of cues that they get from the therapists which make them like one of the past figures on a reality basis; and 2) the kinds of internal promptings, both of distress and of hope, to which clients are most subject at this point in the relationship.

based on past experience. The past is in the present which points toward the future. But, both Bugental and May agree that the emphasis should be placed on the “real” and genuine relationship between therapists and clients.

What existential psychotherapists are implying is that therapists should not “allow the correlated past experiences to *swamp* the meanings contained in the current encounter.” (Spinelli, 1994, p.191). Instead, therapists should try to maintain an “attitude that gives *equal value and significance to resonating elements* (rather than viewing one as being the substitute of the other) so that a more adequate meaning for the current experience can be gained and understood as an expression of both the client’s and the therapist’s current relationally construed experience of themselves and each other.” (Spinelli, 1994, p.191). Consequently, “the resonating elements originating in past experiences are seen to be significant in that *they clarify the meaning of current experience and the current self-construct—not the other way around*”. (Spinelli, 1994, p.191).

4.6 A notion of transfer in transference

I think it is quite natural for us to think that the term transference presupposes a notion of transfer. There is no question that for psychoanalytic psychotherapists, the term transference does presuppose a notion of transfer (e.g. transfer of experiences, in particular past experiences). For existential psychotherapists, however, although they use the term transference, they do not seem to believe that this term presupposes a notion of transfer (e.g. no transfer of past experiences). One might think this is a contradiction in terms. Would it

not be sensible for existential psychotherapists to stop using the term transference completely and adopt another term which does not automatically lead people think in terms of a notion of transfer? At the moment, however, they have created the impression that they wish to retain the term transference while re-defining it to the extent that the naturally presupposed meaning of transfer is not there. This sounds odd indeed and has prompted me to ponder whether existential psychotherapists do in fact refute a notion of transfer in their concept of transference. In this section, I wish to argue that there is a notion of transfer in existential psychotherapists' concept of transference that they cannot refute. This is the transfer of one's experiences onto another.

First of all, the question is: Can existential psychotherapists afford to ignore a notion of transfer of experiences? No, they cannot. In fact, I think it's simply absurd to ignore it. We only need to take a look at day-to-day examples around us. For example, telling a tragic story of yourself to someone may affect the mood of that person. Why? Because you have transferred some of your experiences onto the other person who is consequently affected by your telling of your experience. Similarly, in therapy situations, we see ample evidence of, for example, therapists' moods being affected by the transfer of experiences or tragic stories from clients to therapists.²⁰

More specifically, we can look at therapists who work with people who have experienced some tragic events (e.g. rape) in their lives and consequently suffer from posttraumatic stress disorder. While the person who experienced the event is considered to be the primary

²⁰ Of course, I am not saying that transferring one's experience onto others always affects that person. In some cases, it does not. And if it does, we might not always see it.

victim, having suffered maximal exposure to the tragic event, the therapist could become the secondary victim by becoming traumatized by working too closely with the primary victim.²¹ These therapists as secondary victims could experience shock, confusion and sadness after having worked with these primary victims for some time. Some become physically ill, experience more accidents than before and find their eating, drinking and smoking habits changing (Berah et al, 1984). They can find their worldview changing in that they might become more sceptical of other people's motives, more pessimistic and more distrustful. Therapists might feel that their faith and sense of invulnerability and control are shattered. They might also feel challenged in their self-capacities, losing confidence in their own skills. They might feel as helpless, powerless, and guilty as their clients. They might also experience bewildering imagery and strange dreams (See Herman, 1992; Kleber & Brom, 1992; McCann and Pearlman, 1990).

Without going into too much unnecessary detail, the therapist undergoes a process called vicarious traumatization in that as a result of working with a traumatized victim, they find their inner experience transformed in ways which parallel the experience of that primary victim. Another explanation is the empathy perspective. That is, in order to arrive at a good understanding of the traumatized victims and to help the victims more effectively, therapists require identification with the victims and their suffering during the real and genuine therapeutic sessions. In seeking identification, they attempt to find answers to the kinds of questions that traumatic victims tend to ask. For example, what happened in the traumatic event? Why did the tragic event happen? Why did I act as I did then? Why have I acted as I

²¹ Other secondary victims could include close relatives and friends of primary victims (e.g. husbands or parents of the raped victims).

have since the event? If it happens again, will I be able to cope? However, in finding answers to these questions, therapists consequently experience *emotions which are strikingly similar to those of the victims*, including flashbacks, sleeping problems, depression and other symptoms which directly result from witnessing victims' traumatic experiences or exposing themselves to the symptoms of the victims (Figley & Kleber, 1995) and also other symptoms mentioned earlier. One would imagine that the more real and genuine the therapeutic relationship is and the more genuine empathy is exchanged in that relationship, the greater the likelihood for therapists to experience secondary traumatic stress. Two well-known researchers in the area of posttraumatic stress disorder stated "...secondary traumatic stress is a rather natural consequence of caring between two people, one of whom has been initially traumatized and the other of whom is affected by the first's traumatic experiences. These affects are not necessarily a problem; they may be more a natural by-product of helping traumatized people." (Figley & Kleber, 1995, p.92).

Notice that this vicarious traumatization is saying that as a result of working with traumatized victims, therapists get affected to the extent that their inner experience changes and becomes aligned to that of the traumatized primary victims. The empathy perspective is also saying that in trying to understand the traumatized victims, to help the victims more effectively, to identify with the victims and to answer questions that these victims tend to ask, therapists get affected to the extent that they experience similar emotions to those of the victims. But obviously, when these psychologists say that therapists can get affected or traumatized by "working with victims", they do not mean that these victims are somehow so scary that these therapists can be affected. They get affected or traumatized by listening to,

thinking about or imagining and indeed working with *the experiences* that clients *share* with or *transfer* onto their therapists.

I do not want to engage in the debates on the difference between sharing experiences and transferring experiences. For the sake of my argument, the crucial point is that it is reasonable to think that we can affect others by transferring our experiences onto them. Indeed, it is quite difficult to conceptualise how therapists can become traumatized without some kind of transferring of trauma experiences from the primary traumatized victims and without therapists absorbing the traumatic experiences of the primary victims. I am not saying that the relationship between exposure to traumatized victims and the development of secondary traumatic stress among therapists is necessarily a straight-forward one. No doubt there are other factors involved which contribute to the development of secondary traumatic stress. Nevertheless, it is reasonable to think that therapists *share strikingly similar traumatic emotions to those of the primary victims partly because they have experienced and absorbed some transferring of traumatic experiences from the traumatized primary victims*. Without recounting many other examples, I think it is reasonable to say that the notion of transfer of experiences seems unquestionable.

Existential psychotherapists are no exception. Existential psychotherapists should be just as likely to transmit their experiences as other ordinary human beings. They transfer their experiences²² onto clients to the extent that clients get affected. Otherwise, as far as I can

²² Some existential psychotherapists might argue that they in fact do not try to transfer their personal experiences onto their clients because they do not wish to overwhelm their clients with their own experiences. After all, they should mainly focus on their clients' experiences. But, when I say transferring experiences, I do not necessarily mean only personal experiences or any past events which happened to

see, to therapeutically influence clients is not possible. They are also just as receptive as others in that they can get affected by what is transferred to them by others (unless they have some kind of defective characteristics, e.g. an extremely high degree of dissociation). Otherwise, empathy is not possible in therapy. Now, I am not suggesting that therapists have no ability to distance or dissociate themselves to a degree from their clients' experiences. Of course, all professionally trained therapists should be able to find ways to distance or dissociate themselves to a degree (although not completely) from the unpleasant experiences or stories to which they are listening. But the point here is that the notion of transfer of experiences from one to another would seem to be a fact of life, something which is inevitable.

Now, the next question is: Do existential psychotherapists accept this idea of transfer of experiences as part of their notion of transference? The answer is simple: Yes. This is because the notion of transfer of experiences one to another will occur in any situation where people come together. In particular, in therapy, when two people come together, the notion of transferring experiences onto each other would only become more prominent and important. There is no reason to think that during the moments when transference takes place for existential psychotherapists, people would stop transferring experiences. So, clearly, there is a notion of transfer of experiences embedded within the existential psychotherapeutic notion of transference that existential psychotherapists cannot really refute, despite their attempt to claim that there is no transfer in their notion of transference, as Boss suggested. In other words, both existential psychotherapists and psychoanalytic

them. I mean the way in which they approach, spend time with and work with them, empathise with them and listen to their problems etc.

psychotherapists in fact stand on common ground in their belief in a notion of transfer of experiences in their respectively defined notions of transference.

Now, existential psychotherapists might argue that of course, they do accept this notion of transfer of experiences as part of their notion of transference. However, they disagree with the kinds of experiences (libido, affects or emotions from former love objects to a present-day partner) that psychoanalytic psychotherapists describe as being transferred. In that case, existential psychotherapists would need to provide with us some descriptions of what experiences, according to them, can be transferred in transference and how they differ from the psychoanalytic psychotherapeutic descriptions of what can be transferred. Of course, they also need to justify why they think certain experiences can be transferred and yet others such as the psychoanalytic psychotherapeutic kind cannot. As far as I can see, existential psychotherapists have not provided us with these descriptions and justifications. Why not? This could be because they have tried to resist the psychoanalytic psychotherapeutic notion of transfer of libido, of affects and emotions etc so much so that they have forgotten a rather basic notion of transfer (i.e. transfer of experiences), hence, no descriptions of what experiences can be transferred in transference.

4.7 Linking a relationship between similar psychological reactions associated with different chronological life events

Let me now turn to another common feature with regard to the notion of transference. As I pointed out earlier, I shall argue that by engaging with their clients in the phenomenon of

transference, both therapists in fact share the fundamental aim of wishing to help clients to explore themselves by drawing attention to a relationship between similar psychological reactions associated with different chronological life events. To demonstrate my argument, I wish to focus on the two case studies, described by Freud and Spinelli (a British existential psychotherapist) respectively, through which they demonstrate their respectively defined notions of transference.

This is Freud's case study. Roughly speaking, Freud (1913) described one treatment with a woman who routinely brought Freud flowers. In the end, Freud felt obliged to ask her to stop giving him flowers. Such rejection subsequently led the woman to go into a deep sense of despair. Freud then explored the despair with the woman. Such exploration led to memories of past events. When the woman was 7 years old, her father did not want to give her money to buy some paints to paint Easter eggs. However, the girl took some of the change from an errand, bought the paints and hid them. When the father received this change from the girl, he realized that some change was missing. He asked whether she had bought the paints. The girl denied it but her older brother revealed the truth. Consequently, the father asked the mother to punish the girl severely. The mother did it reluctantly. The girl then went into despair. This incident, according to the girl, was a turning point in her life when she became shy and timid, having previously been wild and lively. This is one explanation of transference. Freud's rejection of a continuous acceptance of this woman's flowers led her to experience despair which was originally connected with her father's rejection of her when she was a young girl. Such transference re-enactments of an old

experience in a new situation are accompanied by affect, mood and feeling. These emotional phenomena are compelling features of the transference.

This is Spinelli's (1994) case study. Spinelli always waited for his client named Nick to turn up for therapy. When he heard the sound of the gate being opened, Spinelli would open the front door to greet him. One day, however, Spinelli did not do so, which required Nick to ring the door-bell. Throughout the session, Nick showed signs of discomfort and tension. He then explained what was bothering him. As he did so, he directed his anger toward Spinelli. He was basically angry with Spinelli for not having carried out the "ritual", i.e. opening the door to greet him as he opened the gate. The client was trying to find significant meaning for this event. According to psychoanalytic psychotherapists, this could be interpreted as negative transference.

However, instead of interpreting the above in terms of the psychoanalytic psychotherapeutic notion of negative transference, Spinelli explored this episode with Nick and remained focused on Nick's anger as it was being directed towards him. That is, they explored it as it was being manifested which means that they were not trying to understand this anger in the light of some latent content or significance. In so doing, Nick began to express not only his current feelings as directed towards Spinelli but also the feelings which "resonated" with his current ones and which focused on others in his past (in particular, his mother). In other words, a connection between his current (i.e. his relation to Spinelli) experience and past experience (his relation to his mother) began to be established.

However, according to Spinelli, Nick's relation to his mother was not interpreted as the cause of his current transferred feelings toward Spinelli. Spinelli does not allow himself to think that this "causal" transference relationship is somehow more of a significant relationship. Instead, he wants to be able to explore and examine these two relationships (the one Nick has with Spinelli and the one Nick has with his mother) back and forth. He wants to examine what these two relationships really mean to Nick. For example, as Nick described his relationship with his mother, he said that his mother had always given him the impression that she would do what he asked. But in fact, she had seldom fulfilled his wishes. Consequently, he felt that he could not trust her. Spinelli then explored with Nick their relationship by saying "and so when I (Spinelli) give you the impression that I will be trustworthy by being at the door, and then fail to be there, it leaves you with the feeling that I may not fulfil your wishes either—though I might seem to pretend to." (Spinelli, 1994, p.192-193). This is an example of exploring first the client's relationship with his mother and then later, the current therapeutic relationship.

Similarly, Nick also explored the relationship with Spinelli, saying that through the event of not greeting him before he rang the door-bell, he had felt that Spinelli was getting bored with him and that he wanted to finish the therapy. Spinelli then examined this relationship in the light of Nick's relationship with his mother, i.e. whether or not Nick had felt that his mother had had similar feelings toward him. This is an example of exploring first the current therapeutic relationship and then later, the client's relationship with his mother.

With the descriptions of the two case studies in the background, I can see quite clearly that both therapists share a common fundamental aim as they engage with their clients in the phenomenon of transference during therapy. That shared fundamental aim is to help clients to explore themselves by drawing attention to a relationship between the similar psychological reactions associated with different chronological life events. Freud noticed that his woman patient experienced a deep sense of despair, following his rejection of her flowers. Freud then helped this woman by exploring this despair with her. The exploration then led Freud notice two events in the chronological life history of this woman: *A past event*: when she was little, she was found to have done something which did not please her father, so her father asked her mother to punish her severely. The girl then went into despair. *The present event*: The woman experienced a sense of despair after Freud asked her to stop giving him flowers. Noticing these two events led Freud to draw this woman's attention to the relationship between her despair with her father when she was young and her despair now with Freud. I am assuming that Freud was not just thinking about the link between these two events for his own intellectual gain. He drew this woman's attention to the link by engaging with her in this phenomenon of transference as a way of helping her to explore herself in therapy.²³

Now, what's the difference between what Freud did and what Spinelli did with his client? Spinelli noticed that Nick experienced signs of discomfort and tension, following the fact that Spinelli did not open the front door to greet him and that Nick had to ring the door-bell instead. Spinelli then explored with Nick his discomfort and tension. The exploration then

²³ Obviously, this is a very crude description of what Freud actually did. For the purpose of demonstrating my argument, I do not think the historical details are important. and as such, this crude description will

led Spinelli to notice two events in the chronological life history of Nick: *A past event:* Nick's mother had always given him the impression that she would do what he asked. But in fact, she had seldom fulfilled his wishes which made him feel that he could not trust her. *The present event:* Spinelli was not able to open the door for Nick which required him to ring the door-bell. Subsequently, he felt discomfort and tension. He also felt anger when he explored his discomfort and tension with Spinelli. Noticing these two events led Spinelli to draw Nick's attention to the relationship between his feeling of his mother seldom fulfilling his wishes and his subsequent distrust of her and his feeling of Spinelli not fulfilling his wishes and distrusting Spinelli. Again, obviously, Spinelli drew Nick's attention to the above relationship because he was engaging with Nick in this phenomenon of transference as a way of assisting Nick to explore himself in therapy.

Without going into too much detail but simply comparing the above two cases on a surface level, one can clearly see that by engaging with clients in their own notions of transference, both Freud and Spinelli in fact shared the same fundamental aim of helping clients to explore themselves by drawing their attention to a relationship between similar psychological reactions associated with different chronological life events.

4.8 Seeing transference as a real and genuine event taking place between therapist and client in both existential psychotherapy and psychoanalytic psychotherapy

In the earlier depiction of the notion of transference, existential psychotherapists claimed that transference was a real and genuine event taking place between therapist and client.

suffice.

But, what does a “real” and “genuine” event mean? Perhaps, one meaning is captured by Spinelli’s saying that clients are not only a representative or transference other, but that *they are the other in the current encounter*. That is, during therapy, clients encounter therapists in a real and genuine therapeutic relationship in that clients will behave toward therapists, in part, by re-enacting and reliving the way they related to, say, their fathers in the past. Clients’ reactions to therapists (characterized by certain actions, words, emotions, feelings etc towards their fathers) are real and not just mental representations of the therapists (i.e. clients’ reactions are not just figments of therapists’ imagination but are events which are really happening in therapy). So, clients who related to their fathers in manner X in the past would now encounter therapists and repeat manner X with the therapists. While the two occurrence of manner X cannot be absolutely identical, manner X with the therapists in the therapy sessions expresses similarities or resonances with manner X with their fathers in the past. So, if existential psychotherapists are asked about the nature of the therapeutic relationship between them and their particular clients, they should say that it is, in part, like the way the clients relate to their fathers (a real event). A therapeutic relationship and a transference relationship are indistinguishable.

On the other hand, existential psychotherapists seem to imply that psychoanalytic psychotherapists do not see transference as a real and genuine event taking place between therapists and clients because psychoanalytic psychotherapists focus only on the presence of clients as representative or transference others (i.e. they see clients in terms of displacement of detachable feelings or projection from one object to another). In turn, this means that, as existential psychotherapists imply, psychoanalytic psychotherapists do not see their clients

as “the other” in the current encounter, since clients are always the representative or transference other to psychoanalytic psychotherapists. But, is this true? I argue that, on the contrary, psychoanalytic psychotherapists do in fact see transference as a real and genuine event taking place between therapist and client. That is, they do see their clients as “the other” in the current encounter, despite the fact that they focus on the representative or transference other.

Returning to the aforementioned case study of Freud, three points are worth noticing. Firstly, there is no evidence suggesting that Freud believed that the woman’s feeling of despair is an imaginary kind. Quite the contrary, Freud clearly stated “During the treatment a period of severe depression occurred when on one occasion I was obliged to reproduce this humiliation²⁴ by asking her not to bring me any more flowers.” (Freud, 1962/1913, p.289). Freud presumably witnessed this woman’s period of severe depression or despair rather than imagined it. Secondly, Freud’s witness of such depression eventually led him to the interpretation that this period of depression was connected with the despair toward her father’s rejection of her. Thirdly, this means that Freud and indeed many other orthodox psychoanalytic psychotherapists would say that this patient was in fact exhibiting what a psychoanalyst calls a *transference re-enactment of old experience* (Schwartz, 1999) (incident with the father) in a new situation (therapy with Freud) which is accompanied by affect, mood and feeling (i.e. depression). That is, this woman somehow “relived” or “re-enacted” toward Freud in therapy the emotions, feelings, behaviour etc that she had toward her father. The fact that Freud focused on the presence of this female patient as a

²⁴ The word “humiliation” here indicates the girl’s father’s punishment as a rejection of the tenderness she was offering him.

representative or transference other did not stop him believing that she was exhibiting a transference re-enactment of an old experience (incident with father) in a new situation (therapy with Freud).

One might say this in fact sounds very similar to what existential psychotherapists mean by clients being “the other” rather than just the representative or transference other in the current encounter, i.e. transference as a real and genuine event taking place between therapist and client. That is, what Freud experienced from his female patient was a real and genuine event happening in a therapy session. She re-enacted the experience with her father in the therapeutic encounter with Freud (i.e. a real event). Her psychological reactions were real and genuine and happened in one encounter with her father in the past and were repeated in the here-and-now therapy with Freud. So, similar to existential psychotherapists, if Freud were asked about the nature of the therapeutic relationship he had with this female patient, he would have to say that it was, in part, like the way in which she related to her father. I suppose this is analogous to boat sinking accident victims who find themselves “reliving” or “re-enacting” the terrifying experience of being almost drown. when swimming in a pool a few months after the accident. This terrifying experience that they re-enact in the swimming pool is a real and genuine event happening in the swimming pool.

I do admit that despite perceiving this transference as a real and genuine re-enactment of her old experience (with her father) during therapy, Freud did emphasize his perception of this woman as a “representative or transference other”. This emphasis might have led

existential psychotherapists to conclude that psychoanalytic psychotherapists do not see transference as a real and genuine event taking place between therapist and client because they put so much emphasis on the presence of clients as only representative or transferenceal others. However, as I said, just because psychoanalytic psychotherapists might have emphasized clients as being a representative or transferenceal other, does not mean to say that psychoanalytic psychotherapists have thus denied clients experiencing transference as a real and genuine re-enactment of an old experience with therapists in therapy. In fact, psychoanalytic psychotherapists would probably say that the former and the latter are inseparable. To emphasize the former (clients are seen to be representative or transferenceal others in that psychoanalytic psychotherapists speak of how clients can transfer, project or displace detachable feelings from a former object (e.g. their fathers) to a present-day object (e.g. their therapists)) inevitably presupposes the latter (clients re-enacted their old experiences with their fathers with their therapists).

Let me now look at the notion of transference as a real and genuine event happening between therapists and clients in another way. Existential psychotherapists might argue that this simply means that whatever happens between therapists and clients is real and genuine, i.e. existential psychotherapists do not see themselves engaging in a relationship which represents clients' relationship with their fathers. To say this another way, if therapists look at the transference relationship that they have with their clients as representative of the relationship that clients have with their fathers, therapists would not then be engaging in a real and genuine relationship with the client sitting in front of them. As Boss said: "The Daseinsanalyst admits 'transference love or hate' as the genuine interpersonal relationship to

the analyst as which the analysand experiences them. The fact that the analysand behaves in an infantile manner, and therefore misjudges the actual situation to a large extent (because of his emotional immaturity, which in turn is due to faulty training in his youth), does not detract from the genuineness of his present feelings.” (Boss, 1963, p.239). Then, Boss goes on to say through this genuine interpersonal therapeutic relationship, “the analysand begins to love the analyst as soon as he becomes aware that he has found someone—possibly for the first time in his life—who really understands him and who accepts him He loves him all the more because the analyst permits him to unfold more fully his real and essential being within a safe, interpersonal relationship on the ‘playground of the transference.’..... all genuine love of one person for another is based on the possibility which the loved one offers to the lover for a fuller unfolding of his own being by being-in-the-world with him.” (Boss, 1963, 239-240).

The implication here is that clients have a real and genuine love for their therapists. This love for their therapists means genuine love as opposed to, say, love for their fathers or mothers which is the psychoanalytic psychotherapeutic type of transference love. However, if, for example, therapists see that this love for them in fact represents their love towards their fathers, then the relationship between therapist and client is no longer real or genuine. Now, according to existential psychotherapists, psychoanalytic psychotherapists precisely emphasize the love of their clients towards them as representing their love towards their fathers. Thus, the kind of relationship that they have cannot be real or genuine.

What this means, it seems to me, is that a genuine or real relationship is defined by how therapists view their relationship with their clients. If, according to existential psychotherapists, therapists view the relationship as that which clients have towards their fathers and then project onto therapists, then, this relationship is not real and genuine. It is flawed and the reason is simply this. For example, as a parent, I love my own children and this relationship is real and genuine in that I do not pretend to love, to care or to be concerned about my children. I love them because I love them. However, if I were asked to view (or explain) this real and genuine relationship, using a psychoanalytic language, I might say, the way I love my children represents the way I loved my mother when I was young. Now, despite the fact that I have endorsed a way of viewing or explaining my relationship with my children, I have not stopped loving or caring genuinely for my children. I do not suddenly stop loving them and start pretending to love them because of this way of viewing the relationship. I love them as much as before. That is to say, just because I view the relationship as representative of my relationship with my mother when I was young which I now project onto my relationship with my children, my relationship with them is still real and genuine. The truth is that if I stop loving or caring for them in a real and genuine way after having endorsed a way of looking at my relationship with them,²⁵ I wonder whether I really had a genuine love relationship to begin with.

4.9 Attending to causal power and present meaning

²⁵ Existential psychotherapists might say that to try to explain the relationship is to treat the relationship in an unreal way. But, again, the same argument is applied here. Just because I try to explain the transference relationship that I have with my children does not change my real and genuine relationship with my children into a relationship in which I need to pretend to love or care for them.

Let me now turn to further, I shall argue, common ground on which existential psychotherapists and psychoanalytic psychotherapists stand with regard to the feature which constitutes part of their definition of transference. As was mentioned, in the transference relationship, existential psychotherapists would assist their clients to attend not to the causal power of past experiences but to the present meaning in the current therapeutic relationship. Returning to Spinelli's work with Nick, after having established the connection between a past relationship (e.g. Nick's relationship with his mother) and a current one (Nick's relationship with Spinelli), "one relation (that of Nick to his mother) was not interpreted as being the 'cause' of his current supposedly transferred feelings towards me" (Spinelli, 1994, p.192). Existential psychotherapists must focus on the present meaning in current therapeutic relationship, not allow "correlated past experiences to swamp the meanings contained in the current encounter", and accord "equal value and significance to resonating elements (rather than view one as being the substitute of the other)" (Spinelli, 1994, p.191). Spinelli claimed that "the resonating elements originating in past experiences are seen to be significant in that *they clarify the meaning of current experience and the current self-construct—not the other way around*". (Spinelli, 1994, p.191). Despite the impression from existential psychotherapists that psychoanalytic psychotherapists are not doing the kind of things that are suggested above in transference, I wish to argue that both existential psychotherapists and psychoanalytic psychotherapists in fact attend to the causal power of past experiences and to the present meaning in the current transference relationship.

Let me start with the notion of existential psychotherapists not attending to the causal power of past experiences. To understand more about this, one needs to refer to the multidimensional, as opposed to the linear, nature of time described by existential psychotherapists. Existential psychotherapists view past, present and future as multidimensional rather than linear. Boss (1963) argued that one should not see past and present and future in a linear relationship but in a multidimensional relationship. That is, we do not experience time as one moment after another, with a clear distinction between past, present and future. Instead, the present always contains the past and points towards the future.²⁶

At this point, let me say that the above multidimensional nature of time described by existential psychotherapists is derived from how phenomenologists see the notion of time. I have no strong objection to that. However, I am not sure whether existential psychotherapists indeed conceptualize time in that way when they engage with their clients

²⁶ Spinelli (1994) described the multidimensional relationship between past, present and future in the following way. He said “..... the remembered past *reflects the current views we hold about ourselves*. That is, our interpretations of the past serve to validate our current understanding of ourselves. We “manipulate” the past so that it “fits” who we believe ourselves to be (or who we believe we must/must not, can/cannot be). The past is so tied to the present that it is more accurate to speak of “the currently lived past” than of the past itself. For, as Freud, himself seems to have understood and implied in some of his writings, the past and present are meaningfully associated with, and reinforce, one another, not because of any inherent causally fixed relations but because the being who interprets both the past and the present, and their relationship to one another, is quite literally “substantiated” (or made real) through those interpretations further consideration allows us to recognize that as well as the relationship between the interpreted past and the interpreted present, there is also the important matter of the role of *the imagined or desired future* to take into account. For, just as one’s current sense of self is validated through the interpreted past, so too does one’s self-image contain within it assumptions, goals, purposes and wishes that are directed toward one’s future. If the interpreted present “tells a story” the content of which is the interpreted past, then it is also the case that the story contains elements of intent or purpose which are focused on the future *Broadly speaking, then, any interpreted past event can be seen to be a means of defining both who one currently believes oneself to be as well as who one might wish to become at some future point in time*. Clearly, we are faced once more with the realization that the remembered past is not merely, even principally, concerned with the past per se, but rather is an important means of presenting one’s current view of oneself as well as one’s view of the being that one imagines one will be (or would like to be, or would like to avoid becoming) at a future point in time (Spinelli, 1994, p.176-179).

in therapy. Let me unpack this. If someone has done a drawing of a three dimensional cube and I am asked to look at it and tell him or her what I see, I will say “a cube”. I can say that clearly because of the three dimensional nature of the drawing. Nevertheless, this does not stop me noticing the height, width and depth individually. Similarly, one might argue that just because existential psychotherapists focus on and assist their clients to focus on the multidimensional nature of time (the present contains the past and points towards the future) does not mean that they therefore stop noticing some distinct historical or chronological events which happened in the past, which are happening in the present and which are anticipated in the future. For example, client A cannot deny the fact that he was involved in a car accident a few weeks ago on a particular date and at a particular time (past event), that he is now sitting in his friend’s car going to a party and experiencing a panic attack (present event), and that he will not want to travel to work by car tomorrow. These are all distinct historical or chronological events which happened sometime in the past, are happening now and are anticipated to happen sometime in the future.

If one were to raise children with a notion of time which is not linear, two things might happen. One is that they would never learn history successfully. Two is that they would inevitably think about time in a linear way, while they might appreciate the multidimensional nature of time. Similarly, while existential psychotherapists might encourage their clients to appreciate another way of looking at time (multidimensional), they will continue to think about time in a linear way. When they get up in the morning, they will continue to think that they went to bed last night, that they are now getting ready for work and that they anticipate being in the office in about 2 hours time. If it is natural or

inevitable that they think about time in linear terms, then it is only natural for them to *perceive causal connections* between these past, present and future events. Thus, client A will say, because he had a car accident a few weeks ago, he is *therefore* experiencing a panic attack (when his friend is driving him to a party) and he *therefore* will not travel to work by car tomorrow. We perceive these causal connections by using language such as “because of such-and-such, I do such-and-such”, or “If I had never experienced such-and-such, I would not have suffered such-and-such” etc.

However, existential psychotherapists might at this point clarify that while we might find it extremely difficult, if not impossible, not to think about time in a historical or chronological fashion, we should find it possible not to think about the experiences associated with these historical or chronological events in a linear fashion. Experiences associated with events are much more fluid than the events themselves, and are always in a state of flux. Our past, present and future experiences do not happen as independently as our past, present and future events. In turn, this means that it is much more difficult to perceive causal connections between past, present and future experiences. For example, the experiences associated with the car accident of client A a few weeks ago might be characterized by the shock of a near-death experience. But this near-death experience might not be a distinct or independent experience resulting from the car accident. It might, for example, originate from a previous near-death experience in which the client nearly drowned in a swimming pool. That is, when he experienced the shock of a near-death experience during the car accident, he might partly be re-experiencing some shock reactions which he had experienced previously during the incident in the swimming pool. To put it another way, his experience

of shock during the car accident might be worsened by his previous experience of almost drowning. The point is that the experience associated with one particular historical event is probably not distinct or independent from other previous experiences or from future anticipation which makes it difficult to perceive causal connections between experiences associated with historical or chronological events.

Do we therefore not perceive causal connections between experiences associated with historical or chronological events? I think not. Returning to the above example, despite the difficulty in perceiving causal connections between experiences, it is still natural for the client to try to perceive a causal connection between his current experience of panic attack and the near death experience of the car accident a few weeks ago. That is, he would quite naturally think that his near-death experience was *caused* by the car accident in which he was involved a few weeks ago. With the help of his therapist, he might notice some similarities between that near-death experience and the near-death experience of the swimming pool. There is no reason to think that just because experiences associated with historical or chronological events are always in flux, rather than distinct or independent in nature, we can then think about them in a non-linear fashion. That is, I think it is still natural or inevitable for us to perceive causal connections between past, present and future experiences associated with historical or chronological events. I am not trying to defend or promote a naïve notion of causality. The point that I am making is that it is only natural for us (one might even say it is our propensity) to try to perceive events and associated experiences in a linear fashion, hence, to perceive some causal connections between events and experiences.

Similarly, returning to the case of Nick, it's clear that during his encounter with Nick in therapy, Spinelli discovered two chronological events that Nick experienced, one being the event with his mother and the other being the event with Spinelli. Both Spinelli and Nick were clearly aware of the fact that these two events existed. It's also clear that Spinelli tried to make explicit a *connection* for Nick. After Nick described his relationship with his mother who had always given him the impression that she would do what he asked but who had in fact seldom fulfilled his wishes, leaving Nick feeling that he could not trust her, Spinelli said "*And so* when I give you the impression that I will be trustworthy by being at the door, and then fail to be there, it leaves you with the feeling that I may not fulfil your wishes either – though I might seem to pretend to." (Spinelli, 1994, p.192-193). Presumably, the multidimensional nature of time is relevant here. That is, Nick's present relationship with Spinelli contains the past experience with his mother. This present relationship, of which Nick's relationship with his mother is an aspect and of which Nick's relationship with Spinelli is another, will be the basis upon which Nick thinks about the future.

Even within this multidimensional nature of time, it's clear that Spinelli has treated, perhaps inevitably, the above two experiences associated with two different historical or chronological events as if they were distinct or independent which makes it possible for the therapy to carry on, or for the transference to be revealed, or for him to go back and forth examining these two experiences. To say "*And so ...*" implies, to me, that Spinelli was probably implicitly thinking that if Nick had never had this experience with his mother in

the past, this particular resonating attitude would not have surfaced in the present encounter in therapy, i.e. perceiving a causal connection. Similarly, for Nick, when his therapist drew his attention to the resonating elements of these two events, and his therapist said statements like “and so ...”, I think, again, it is only natural for him to think that if he had not had such experiences with his mother in the past, he would not have reacted the way he did to his therapist in the present encounter, i.e. perceiving a causal connection.²⁷

One way to resist this temptation to perceive causal connections in experiences in this transference relationship is for existential psychotherapists to focus on the present and future and less on the causal power of past experiences.^{28 29} Of course, this does not mean that there is no causal power to past experiences. The therapist tries not to let the past experiences swamp the present meanings contained in the current encounter between therapist and client. Both Nick’s relationship with his mother and Nick’s relationship with

²⁷ Many clients are prone to thinking in terms of causal connection anyway, since they often come to therapy with the expectation of finding causes to whatever distress leads them to therapy to begin with.

²⁸ To make this more explicit, existential psychotherapists believe that we are every moment existing, dynamic, and becoming, and that we are able to here and now transcend our past and present (immediate situation) in order to reach the future and conceive what life will be like in the future (i.e. to think in terms of the possible). That is, we are always in the process of exploring, moulding ourselves and moving into the immediate future. For existential psychotherapists, we can only understand ourselves when we project ourselves forward, to the future. Clients often believe that their pasts are the causes of their present problems but such a deterministic view of the past would only take away significance from both present and future. So, existential psychotherapists do not focus on the past simply as a cause of present disturbance, but as still alive in the present situation. This does not mean that the past is ignored, but is understood in the light of the future. The past is the domain of contingency in which we accept events and from which we select events in order to fulfil our potentialities. Existential psychotherapists want to assist their clients to recollect their past and project onto future. They assist clients to reflect on the way in which clients are at present designing their world and life for the future, using the materials from the past. In other words, clients are encouraged to lead their existence actively (May, 1983; Yalom, 1980; Deurzen-Smith, 1988).

²⁹ Yalom talks about the importance of living in the present. ‘Existence cannot be postponed’. Many patients with cancer report that they live more fully in the present. They no longer postpone living until some time in the future. They realize that one can really live only in the present; in fact, one cannot outlive the present--it always keeps up with you. Even in the moment of looking back over one’s life--even in the last moment--one is still there, experiencing, living. The present, not the future, is the eternal sense.” (p.161).

Spinelli are equally important and significant. They try not to substitute Nick's relationship with Spinelli with Nick's relationship with his mother. They also try to examine the past experiences in order to clarify the meaning of the current experience and the current self-construct, instead of examining the meaning of current experience and the current self-construct in order to clarify past experiences.

Given what I have said thus far, I want to argue that psychoanalytic psychotherapists are in fact not too different. Returning to Freud's work with his female patient, what Freud was trying to do, to a large extent, was treat experiences associated with historical or chronological events as if they were distinct and independent of other experiences and perceive causal connections between them. For what reason? To understand more about the "present" problem of his female patient which in turn has implications for her future well-being. In that sense, it is not true that, as existential psychotherapists say, psychoanalytic psychotherapists allow clients' correlated past experiences to swamp the meanings contained in the current encounter. So, it is not true that, according to Spinelli, the meaning of current experience and the current self-construct clarify the resonating elements originating in past experiences. Why do I say that? Because for psychoanalytic psychotherapists, after having understood transference in terms of projecting experiences onto therapists, therapists reveal that transference to clients so that hopefully, they can benefit from it for the present problems that they have. In other words, psychoanalytic psychotherapists are ultimately concerned with who the clients are at the moment, what they are suffering at the moment and how helping the clients here-and-now would have beneficial implications for her to live more effectively in the future. With this education

gleaned from transference, clients become aware of how the past affects the present. With this awareness, we hope that clients can go on living their lives more effectively.

4.10 Summary

This chapter started with the questions: how marked is the contrast between existential psychotherapeutic and psychoanalytic psychotherapeutic concepts? Have existential psychotherapists challenged psychoanalytic psychotherapy in its entirety? By focusing on two concepts, namely, making interpretations and transference (more concepts will be examined in the next chapter), which are of concern for both existential psychotherapists and psychoanalytic psychotherapists, I argued that, despite *prima facie* differences, there were in fact common features shared by both existential psychotherapists and psychoanalytic psychotherapists in their respectively defined concepts. However, my ultimate aim for the present chapter was not to tease out comprehensively and systematically all the common features of existential psychotherapy and psychoanalytic psychotherapy. Instead, my main aim was to form critiques on some of the claims by existential psychotherapists through showing some common features of existential psychotherapy and psychoanalytic psychotherapy (i.e. existential psychotherapy does not stand as much in marked contrast as existential psychotherapists think and existential psychotherapists have not quite challenged psychoanalytic psychotherapy in its entirety).

Having described two different types of interpretation, namely, analytic and descriptive, I focused on the existential psychotherapeutic claim that psychoanalytic psychotherapists

search for hidden or latent meaning in manifest materials while existential psychotherapists do not. I argued that both existential psychotherapists and psychoanalytic psychotherapists in fact share the fundamental aim of looking for hidden or latent meaning in manifest material through making their own interpretations. I then focused on the existential psychotherapists' accusation that through training, psychoanalytic psychotherapists possess superior knowledge which enables them to know the hidden meaning and understand the true or correct meaning behind their clients' statements. I argued that in fact existential psychotherapists' accusation was unjustified. Also, there was a common feature with regard to the notion of understanding the true or correct meaning behind clients' statements. Existential psychotherapists claim that the meaning that they discover for their clients are approximations of clients' unique world-views rather than true or correct meaning which corresponds to fixed truths. I argued that existential psychotherapists in fact believe there to be a degree of trueness or correctness in the meanings that they have discovered with their clients. These meanings are true enough approximations about their clients that do correspond to some fixed truths (as opposed to no fixed truths) about their clients.

The next concept I concentrated on was that of transference. Again, I wished to tease out some of the common features with regard to transference. While existential psychotherapists claimed that the notion of transfer was not a plausible concept in their notion of transference, I argued that there was in fact a notion of transfer (i.e. transfer of our own experiences onto each other) embedded within it. To me, it was absurd for existential psychotherapists to ignore the notion of transfer. By the same token, it is equally absurd not to accept the notion of transfer of experiences as part of the existential psychotherapeutic

notion of transference. I then turned to another argument which was concerned with one fundamental aim that both therapists wanted to achieve by taking part in the phenomenon of transference. By means of comparing one case of Freud and one of Spinelli, the shared aim was clear which was to assist clients to explore themselves by drawing attention to a relationship between similar psychological reactions associated with different chronological life events.

I then turned to an argument which says that while existential psychotherapists see transference as a real and genuine event taking place between therapist and client, psychoanalytic psychotherapists do not see transference in this way, since they focus on the presence of clients only as representative of or transferential others. However, I argued that psychoanalytic psychotherapists do in fact see transference as a real and genuine event taking place between therapist and client. The final argument was concerned with the common feature shared by existential psychotherapists and psychoanalytic psychotherapists of attending to the causal power and the present meanings within the transference relationship. Existential psychotherapists, unlike psychoanalytic psychotherapists, would assist their clients not to attend to the causal power of past experiences but to the present meaning in the current therapeutic relationship. I argued here that both existential psychotherapists and psychoanalytic psychotherapists in fact attend to the causal power of past experiences and to the present meaning in the current transference relationship.

Chapter 5 Existential Psychotherapy and Psychoanalytic Psychotherapy: Resistance and Repression

I began the last chapter with the question: how marked is the contrast between existential psychotherapeutic and psychoanalytic psychotherapeutic concepts? To address it, I focused on the concepts of making interpretations and transference and advocated a general argument that there were in fact common features shared by both existential psychotherapists and psychoanalytic psychotherapists in their respectively defined concepts of interpretation and transference. In this chapter, I wish to pursue the question further, following the same general argument with a focus on the concepts of resistance and repression. As a reminder, by revealing common features between existential psychotherapy and psychoanalytic psychotherapy, I wish to present critiques on some of the claims made by existential psychotherapists. This is the main aim of both the present and the last chapters.

5.1 Resistance

Let me start with resistance and describe how differently existential psychotherapists and psychoanalytic psychotherapists claim to perceive it. Resistance is another of Freud's discoveries that existential psychotherapists have accepted, even though they are critical of it and have re-defined it.¹ Bugental, a well-known American existential psychotherapist,

¹ Boss (1962) believes that most of the psychoanalytic concepts are unnecessary, apart from free association (on a couch) since this open attitude can allow people to access their reality which makes existential analysis possible. To him, the psychoanalytic psychotherapeutic notions of resistance and repression are among those unnecessary concepts. They are redundant concepts to him, especially when we abandon the notion of the

believed that the concept of resistance is not only important but also more fundamental than perceived by psychoanalytic psychotherapists. Roughly speaking, according to psychoanalytic psychotherapists, when unconscious material (i.e. unpleasant or hidden impulses or memories) begins to come to the conscious level, this creates a great deal of anxiety for clients, which could overwhelm their ego. As a result, clients develop resistance (i.e. resistance of further revelations) or ways of blocking the offensive material in the form of mental blocks, wanting to change the subject, sidetracking the discussion or postponing future therapy sessions. Many of these resistances are unconscious. While the function of resistance is for the ego to prevent disturbing or offensive material from coming to the surface, there are other reasons as well.² For example:

1. When psychoanalytic psychotherapists do not meet clients' unrealistic expectations, clients might feel resentful and frustrated. Consequently, clients may become less cooperative.
2. Clients might unconsciously sidetrack the progress of therapy in order not to deal with their neurotic symptoms (e.g. severe anxiety, continuous headaches, chronic fatigue and depression). This is because clients' neurotic symptoms, despite how unpleasant they can be, may serve some useful purposes for them. For example, through experiencing these symptoms, they can avoid responsibilities, or attract

unconscious. But this does not mean that he would reject these two phenomena. They do exist but should be defined in a different way, hence, the existential psychotherapeutic way.

² See Nye (2000). Of course, the following list is by no means complete but it represents some reasons for resistance.

attention and sympathy from others. That is, they in fact benefit from these symptoms which makes it difficult to give them up.

3. According to Freud, we all possess one basic element in our human nature which is a self-destructive urge. In other words, there is a sense in which we want to maintain harmful behaviour (to ourselves) and states of mind. Of course, resistance would naturally result from this.

On the other hand, for existential psychotherapists, clients' resistance serves to avoid awareness, responsibility and existential anxiety³ (i.e. the anxiety of being and living and fully present). In other words, it serves clients by helping them maintain their inauthentic relation to their lives (i.e. resistance to authentic being in the world). For example, according to existential psychotherapists, one general form of resistance in life is that of social conformity (i.e. to allow oneself to be absorbed in the Mitwelt or the mass and to abandon one's individual and unique potentiality). Clients easily accepting therapists' doctrines and interpretations is another example of resistance. Existential psychotherapists and clients work together in order to unravel clients' patterns of inauthenticity which are, here and now, maintaining clients' separation from being genuine (Bugental, 1965; Boss, 1963; May, 1983).

To illustrate the existential psychotherapeutic notion of resistance further, here are some examples of resistance described by Bugental (1965).

³ Often, this existential anxiety is covered with neurotic anxiety and so in therapy, one should uncover layer after layer of symptoms and anxieties in order to address the existential anxiety.

“Ann talks to me [Bugental] in a listless voice, complaining of her supervisor at work, complaining of her landlord where she lives, complaining about the hours I make available to her. Ann is resisting. Ann is resisting even though she talks regularly, and indeed, if I say nothing, can run through the whole hour with scarcely a grunt from me.” (Bugental, 1965, p.90).

According to Bugental, Ann is resisting because she pictures herself constantly as an object which can be controlled and manipulated by everyone else, in particular, those with authority (i.e. her boss, landlord and Bugental, her therapist). She is resisting because she does not want “to be a person in her own name” (Bugental, 1965, p.91) and because she is afraid “to take responsibility for her own life” (Bugental, 1965, p.91).

“Now look at Ben. Ben has made tremendous progress from the socially borderline truck driver who came to me several years ago to the university student I talk with now. But listen to Ben, ‘I don’t know why; everything went very well at school yesterday, but I looked at all those kids, and I felt old and useless and afraid I’d never get married. I just had a horrible fear that five years from now I’ll be finishing my graduate work, and I’ll still be alone, and ten years from now I’ll be working, but I’ll still be alone. What really gets me is this terrible fear.’ Ben is talking, and talking about feelings, but Ben is resisting.” (Bugental, 1965, p.90)

According to Bugental, Ben is resisting because time after time, Ben talks about this kind of problem. Ben wants “to cling to his fears, to insist on his fears.” (Bugental, 1965, p.91). Also, he always describes his feeling of fear in the past tense (i.e. I had this feeling of fear this morning or last night). He seems never to experience this feeling of fear right now. So, Ben’s fear is his “security blanket and Ben knows now that if he ever let go of being fearful and struck out for himself, then he would really find the fear Ben said himself one time in a burst of recognition, ‘If I ever gave up my misery, I’d never be happy again!’ (Bugental, 1965, p.91).

“Charlotte resists in a different way. ‘You know last night all I could think about was our talk yesterday. I mean, you really helped me so much. I felt so much better after I talked to you. And I keep thinking, I wish I had you all the time. Why did I have to find you so late? I wish I’d known you sooner.’ Charlotte is resisting in her way.” (Bugental, 1965, p.91)

Bugental explains Charlotte’s case by saying that she “nuzzles up to me and tries to get within my protecting embrace” (p.91). She offers Bugental everything (e.g. adulation, appreciation) except Charlotte, i.e. her own self. That is, she does not want to be Charlotte.⁴

5

⁴ Existential psychotherapists believe that the notion of resistance is part of what they refer to as the ‘self and world construct system’, i.e. our set of coping resources, the way in which we navigate in the world. To help clients is to assist them to understand and experience clearly their patterns of resistance and how they prevent them from making changes in their lives. Therapists should draw clients attention to the fact that they are highly intellectualised and talk around in circles, that they are self-punitive and dismissive of any motions that may appear, and that they are trying very hard to please the therapist etc (Yalom & Bugental (1997).

⁵ In addition to these examples of resistance, another is from the perspective of Logotherapists working with families. Resistance is considered to be a family activity used to avoid the awareness and actualization of the meaning and family meaning potentials (Lantz & Alford, 1995).

5.2 A version of the pleasure principle

While there are seemingly contrasting differences between existential psychotherapists and psychoanalytic psychotherapists in terms of their view of resistance (described above), I shall argue that there are in fact common features in the way in which they conceptualise resistance. One such feature is simply this. Seemingly, both existential psychotherapists and psychoanalytic psychotherapists share the belief that resistance is a defense mechanism, through which clients defend against something which is perceived as too threatening or overwhelming⁶ for clients to face up to or take responsibility for, as Bugental said “all resistance arises from the patient’s efforts to cope with threat that seems to him to be overwhelming. It is this threat that is resisted by the resistance.” (Bugental, 1965, p.93). One implication from the above then is that, according to both existential psychotherapists and psychoanalytic psychotherapists, clients in fact wish to avoid something which could cause them tension, pain, discomfort etc. By avoiding it, they can find pleasure in the sense of tension reduction.

⁶ According to psychoanalytic psychotherapists, people use defense mechanisms unconsciously to defend against anxiety and prevent the ego from being overwhelmed. The ego must reduce the conflict between the demands of the id and the superego. Defense mechanisms include 1) Repression: By means of selective, motivated forgetting, we repress certain ideas and emotions and keep them forcefully from consciousness, 2) Isolation: This defense refers to our splitting off ideas from feelings. In other words, it is a partial repression, i.e. repressing merely emotions, 3) Reaction formation: We repress a threatening idea by substituting it with an idea representing the opposite extreme, 4) Projection: Our personal drive-related fantasy is attributed to another person, 5) Undoing: We take back, or make amends for, an impulse or guilt-ridden thought or action, 6) Displacement: Our unconscious fantasy is directed away from the original object toward a relatively neutral one, 7) Turning against the self: Our impulse, usually aggressive in nature, is displaced from the external object toward the self, hence, self-denigration, self-blame or self-harm, 8) Rationalization: We use emotionally neutral, objective reasoning to explain certain behaviour or the avoidance of it, when a drive-related idea is really the motivating factor, 9) Denial: We block out aspects of reality to avoid painful consequences, and 10)

Existential psychotherapists might be alarmed by the above implication because it sounds very much like the tenet of Freud's pleasure principle. Although I by no means want to claim that existential psychotherapists have in fact adopted the Freudian pleasure principle,⁷ I do want to say that it is natural or even instinctive for clients to want to avoid something which could make them feel painful or uncomfortable. In avoiding this somethingness, they gain the pleasure of reducing the tension which would otherwise result from having to confront something which makes them feel painful or uncomfortable.

I am aware of the fact that what I have suggested has a biological theme to it (i.e. it is instinctive for clients to want to avoid something which could cause them pain or discomfort and thus enjoy a sense of pleasure in tension reduction). But I do not think that the biological theme should necessarily be that which existential psychotherapists would reject. After all, existential psychotherapists do not reject the biological dimension of human beings. For example, one can accommodate the biological theme that I have suggested above in the Umwelt, one of the existential psychotherapeutic dimensions of an individual's world-view (The three other dimensions are Mitwelt, Eigenwelt, Überwelt which I will address in a later chapter). According to existential psychotherapists, the Umwelt refers to our biological or natural world which is composed of our biological needs, drives and instincts, as existential psychotherapists such as Deurzen-Smith (1988) said " the Umwelt describes the natural world with its physical, biological dimension where the person is likely

Identification: We adopt the characteristics of a significant other in order to defend against, for example, the pain of separation or the loss of love.

⁷ The fact is that it is going to be quite a challenge to show that existential psychotherapists in fact believe in the Freudian pleasure principle. After all, the Freudian notion of the pleasure principle is reductionistic in nature, and needs to be understood in the light of the id, ego and superego and the reality principle. To try to see some compatibilities between existential psychotherapy and psychoanalytic psychotherapy in the light of the above is not an easy task.

to behave in an instinctual manner”(Deurzen-Smith, 1988, p.69). Thus, I do not see why existential psychotherapists should have issues with the biological theme but should see it as constituting, in part, the concept of resistance.

5.3 Opposing the process of change and avoiding responsibility

Another feature common to existential psychotherapists and psychoanalytic psychotherapists with regard to this defense mechanism of resistance is their shared belief that in employing this defense mechanism, clients oppose the process of change. The case illustrations of Ann, Ben and Charlotte show how resistance has indeed made it quite difficult for them to engage in a process of change in their lives. The fact is that to engage in a process of change is an extremely difficult task for clients, even though they desperately wish to bring changes into their lives. This is because to try to bring changes to something that they find familiar (despite the pain that this familiar something might cause them) in their lives and to enter instead into the unknown or unfamiliar takes time and indeed courage. Consequently, before therapy, it is important for therapists to establish whether their clients are really *ready* to receive therapy, i.e. to engage in a process of change. The fact that clients have decided to contact therapists and have attended a first appointment of therapy does not necessarily mean that clients are ready to receive therapy and to embark on a process of change.⁸

⁸ I remember that when I was practising psychotherapy in one psychotherapy unit, a client was assigned to me. I offered him a first appointment which he subsequently accepted. My supervisor advised me to treat the first meeting as an “assessment meeting” in which I would try to find out was whether this particular client was in fact ready to receive therapy, i.e. to engage in a process of change. How ready or committed was he? Without going into too much detail, the client did leave the first meeting with this question in mind. Before the second

I remember that when I was working in a trauma psychology unit for people who have experienced traumatic events (e.g. rape, physical assault, disfigurement due to burn etc), some of my colleagues jokingly or perhaps insensitively invented a syndrome called the Australian syndrome. The idea here is that many Australians leave their homeland for a few years, and travel around the world before returning home and settling down. Similarly, some clients with traumatic experiences come to therapy for, say, the first and second appointments; they might phone in and say that they have to cancel the next appointment because they have to be away etc. As the subsequent appointment approaches, clients might send in another apology for missing this appointment as well because of an unexpected business trip. This is resistance, resisting against facing up to or talking about the trauma in therapy which in turn means that they resist engaging in a process of change.

In opposing the process of change by employing resistance, clients, existential psychotherapists would say, in fact avoid responsibility for themselves. For example, consider the brief case illustration of Ben. Bugental is saying that Ben is resisting because he is clinging on to his own fear which is in fact a security blanket which he cannot give up easily. If he ever let go of it, he would find a real fear. As Ben said “if he ever gave up his misery, he would never be happy again”. To existential psychotherapists, Ben is not taking responsibility for himself in the sense that he does not want to engage in a process of change for himself but continues to resist change by holding on to his own fear as a security blanket.

meeting, I received a letter from him stating that he was not in fact ready to commit himself to this process of change. He also stated on the letter that when he was ready, he would be in contact.

Now, it seems to me that what Bugental said above is not something with which psychoanalytic psychotherapists would disagree. Quite the contrary, it seems to me that both existential psychotherapists and psychoanalytic psychotherapists in fact share the same line of analysis. For example, let me return to one of the previously mentioned reasons for the work of resistance according to psychoanalytic psychotherapists (see point 2 in section 5.1). One of the reasons why clients employ resistance is because they wish to sidetrack the progress of therapy in order not to deal with their neurotic symptoms, despite how unpleasant they can be. These neurotic symptoms serve useful purposes for them. Through experiencing and holding on to these symptoms, clients can avoid responsibilities, attract attention and gain sympathy from others. In other words, clients could in fact benefit from these symptoms which makes it difficult for them to give them up. Seemingly, this analysis is not too dissimilar to what Bugental said about his client Ben. That is, Ben's neurotic symptoms (Ben's fear of getting old, aloneness etc) may serve some useful purposes for him. Through experiencing and clinging on to these symptoms, he can avoid the responsibility of changing himself but attract attention and sympathy from others including his therapist. In other words, Ben in fact benefits from these neurotic symptoms which makes it difficult for him to give them up. After all, these neurotic symptoms form part of his security blanket.

I am aware of the fact that existential psychotherapists might or might not believe that Ben has tried to attract attention and sympathy from others by clinging on to his neurotic symptoms. But whether or not existential psychotherapists believe in that, as far as I can see, does not disqualify my central claim that both existential psychotherapists and

psychoanalytic psychotherapists in fact share this view that in employing resistance, clients oppose the process of change and avoid taking responsibility for themselves.

5.4 Dynamic therapy for both existential psychotherapists and psychoanalytic psychotherapists

By virtue of the fact that using resistance, clients defend against something which is threatening, or overwhelming for them to face up to, implies a sense of anxiety. Both existential psychotherapists and psychoanalytic psychotherapists do not seemingly deny such anxiety which can be explained in terms of the notion of dynamic therapy. It is a commonly held view that psychoanalytic psychotherapy is a dynamic therapy. Roughly speaking, the term dynamic was used by Freud to refer to the idea that personality is a system within us which is composed of deterministic forces (i.e. innate and instinctual forces, drives, motives or fears) in conflict with one another.⁹ These forces in conflict exist at different levels of awareness, some of which are out of awareness (i.e. unconscious), and arise when clients need to negotiate between their inner instinctive desire for immediate gratification (e.g. some aggressive or sexual appetites) and the reality principle which demands a delay or suppression of such gratification. Anxiety¹⁰

⁹ According to Freud (1916), “we seek not merely to describe and to classify phenomena, but to understand them as signs of an interplay of forces in the mind, as a manifestation of purposeful intentions working concurrently or in mutual opposition. We are concerned with a *dynamic view* of mental phenomena. In our view the phenomena that are perceived must yield in importance to trends which are only hypothetical” (p.67).

¹⁰ Psychoanalytic psychotherapists speak of three types of anxiety, namely, reality anxiety, neurotic anxiety and moral anxiety. Reality anxiety refers to the fear of danger from the external world. Neurotic anxiety refers to the fear that our instincts will get out of control which will cause us to do something for which we will be punished. Moral anxiety is the fear of our own conscience (i.e. people with a well-developed conscience will feel guilty when they do something which conflicts with their moral code). Neurotic and moral anxieties are derived from threats to the “balance of power” within us. They give our ego the warning that the threats are

results from these conflicts and they wish to defend against this anxiety by using such defense mechanism as resistance. Similarly, Yalom (1980) draws a parallel between existential psychotherapy and psychoanalytic psychotherapy by claiming that, like psychoanalytic psychotherapy, “Existential psychotherapy is a form of dynamic psychotherapy.” (Yalom, 1980, p.6; Also see May & Yalom, 1989), i.e. the existential psychodynamic. That is, there are also deterministic conflicting forces within clients which generate much of the anxiety against which they wish to defend, using such defense mechanism as resistance.

However, according to Yalom, the origin of the forces in conflict, which subsequently generate anxiety against which clients defend using defense mechanism such as resistance, is different from that of psychoanalytic psychotherapy. As Yalom put it, “Existential therapy is based on a radically different view of the specific forces, motives, and fears that interact in the individual.” (Yalom, 1980, p.6). Unlike the psychoanalytic psychotherapeutic claim, the conflict, according to existential psychotherapists, is not due to suppressing some instinctual drives. Instead, it originates from clients’ confrontation with their inescapable existential givens or what Yalom calls “ultimate concerns” (i.e. death, freedom, isolation and meaninglessness). Nevertheless, anxiety¹¹ results from

increasing and that our ego might consequently be overwhelmed. So, appropriate measures need to be taken. When the ego can no longer control anxiety by rational or direct methods, it would rely on unrealistic ones which are called defence mechanisms.

¹¹ According to Yalom (1980), this anxiety is derived from fear of death, groundlessness, isolation and meaninglessness. Yet, anxiety is seen by existential psychotherapists as a potential source of growth. They believe in two types of anxieties: existential anxiety and neurotic anxiety. Existential anxiety partly results from our response to our perception of “the givens” of our human condition. Neurotic anxiety is out of proportion, out of awareness and tends to immobilize us. Neurotic anxiety comes when our defenses against existential anxiety fail. So, we need to employ new distortions of awareness of our human conditions in order to ward off the existential anxiety (Bugental, 1965, p.94). Because existential psychotherapists believe that anxiety is a potential source of growth and that we cannot live without some

having to confront these existential givens, against which clients defend using, for example, resistance. Thus, Yalom changed the orthodox Freudian formula from

Drive → Anxiety → Defense mechanism (e.g. resistance)

to the existential psychotherapeutic formula of

Awareness of ultimate concern → Anxiety → Defense mechanism (e.g. resistance)

(see Yalom, 1980, p.9-10).

To Yalom, one cannot make light of the difference between the two formula. To a large extent, the difference distinguishes some central characteristics between existential psychotherapy and psychoanalytic psychotherapy.

However, I shall now examine the above two formula and argue that there are in fact implicit similarities between them which are worth mentioning. To begin my argument, let me return to psychoanalytic psychotherapy. For psychoanalytic psychotherapists to say that clients are suppressing some instinctual drives could imply that while they are confronting them, due to the demands of the reality principle, they are avoiding confronting them at the same time, by way of forms of resistance.¹² For example, while

anxiety, they do not tend to assist their clients to eliminate normal anxiety. Instead, they try to assist their clients to live with as little neurotic anxiety as possible while they assisting them to accept and struggle with existential anxiety as part of their lives. Nevertheless, many of us do feel overwhelmed by our anxiety for which we then employ defense mechanism.

¹² When I say that clients are confronting and avoiding confronting them, I do not necessarily mean that they are consciously aware of themselves doing these actions.

they are confronting their own aggressive desires (e.g. they want immediate gratification of their aggressive desire to hit their boss), due to the demands of the reality principle, they are avoiding confronting their aggressive desires by, for example, forgetting to attend an appraisal meeting with the boss. The point here is that there is a struggle between confronting and avoiding confronting something which ultimately gives rise to the conflict which, in turn, generates anxiety against which clients defend using such defense mechanism as resistance.

Similarly, I wish to argue that the same struggle between confronting and avoiding confronting something is relevant for existential psychotherapists. Existential psychotherapists might react right away by saying that Yalom's foregoing claim does not, in any way, imply the struggle between confronting and avoiding confronting something. This is because Yalom is saying that the conflict originates from clients' confrontation, as opposed to avoiding confronting, with their inescapable existential givens or ultimate concerns. This conflict then generates anxiety against which clients defend using such defense mechanism as resistance. But, let's have a closer look at these things called existential givens or ultimate concerns. When Yalom speaks of existential givens or ultimate concerns, he is, as far as I can see, in fact revealing some conflicts between clients confronting existential facts and avoiding confronting these facts by wanting to fulfil their wishes or holding onto their wishes. To fully appreciate the essence of existential givens or ultimate concerns, one needs to appreciate the foregoing conflicts.

Let me make this more explicit by focusing on the four ultimate concerns in turn. Yalom speaks of the ultimate concern of death, of which he said “a core existential conflict is the tension between the awareness of the inevitability of death and the wish to continue to be” (Yalom, 1980, p.8). What Yalom meant here is that the conflict that clients experience originates from clients’ awareness of or confrontation of an existential fact (i.e. inevitability of death) and avoidance of confronting this fact by way of holding instead on to their wish that they would continue to be. In terms of the ultimate concern of freedom, Yalom said “a key existential dynamic is the clash between our confrontation with groundlessness and our wish for ground and structure” (Yalom, 1980, p.9). In other words, the conflict results from clients’ awareness of or confrontation of an existential fact, i.e. what is beneath them is groundless¹³ and their avoidance of this fact by means of holding instead on to their wish for ground and structure. With regard to the ultimate concern of existential isolation, Yalom said “the existential conflict is thus the tension between our awareness of our absolute isolation and our wish for contact, for protection, our wish to be part of a larger whole.” (Yalom, 1980, p.9). The conflict results from their awareness of or confrontation of an existential fact which is their own absolute isolation¹⁴ and their avoidance of confronting this fact by way of holding instead on to their wish for contact, for protection, to become part of a larger whole. Finally, in terms of the ultimate concern of meaninglessness, Yalom said “this existential dynamic conflict stems from the dilemma of a meaning-seeking creature who is thrown into a

¹³ What Yalom meant here is that while we feel that we live in a society with inherent design, the fact is that we are responsible for our own life design, choices and actions. In that sense, freedom refers to the absence of external structure and implies a sense of groundlessness, i.e. beneath us, there is no real structure.

¹⁴ What Yalom meant here is that regardless of how close we are to other people, there will always remain an unbridgeable gap between individuals. Each one of us enters existence alone and will depart from it alone.

universe that has no meaning” (Yalom, 1980, p.9). The conflict results from clients’ awareness of or confrontation of the existential fact that the universe has no meaning, and their avoidance of this fact by means of holding instead on to their wish to find for themselves real or true preordained meanings.

In other words, the notion of existential givens or ultimate concerns in fact implies the conflicts which result from clients who are confronting the existential facts (which, according to Yalom, are the inevitability of death, groundlessness, absolute personal isolation, and meaninglessness), and who avoid confronting these facts by holding on to their wishes (according to Yalom, wishing to continue to be, wishing for ground and structure, wishing for contact, protection, wishing to become part of a larger whole, and wishing to find true or real preordained meaning). So, it seems to me that when Yalom said that the conflict originates from clients’ confrontation with their inescapable existential givens or ultimate concerns which then generates anxiety against which clients defend using the defense mechanism of resistance, he in fact meant that the conflict arises from clients’ confrontation with their inescapable conflicts which result from clients who are confronting existential facts and attempt to avoid them by holding on to their own wishes. The struggle between confronting and avoiding confronting something, like psychoanalytic psychotherapists, ultimately gives rise to a conflict which, in turn, generates anxiety against which clients defend using such defense mechanisms as resistance.

5.5 Resistance as a barrier to a person's whole way of being for both existential psychotherapists and psychoanalytic psychotherapists

While both existential psychotherapists and psychoanalytic psychotherapists, as I remarked briefly earlier, might be in agreement that clients employ resistance as a defense mechanism or “barrier to the coming into consciousness of what seems intolerable” (Bugental, 1965, p.93), existential psychotherapists, such as Bugental, argue that “what Freud did not recognize is that this barrier is a part of the person's whole way of being in his life and is not solely a phenomenon of the therapeutic hour Thus we identify the resistance as in fact the very inauthenticity from which the person suffers”¹⁵ (Bugental, 1965, p.93).

But, is it true that psychoanalytic psychotherapists do not recognize that this barrier is a part of clients' whole way of being and is not solely a phenomenon of the therapeutic hour? I argue not which, in turn, reveals another common feature between existential psychotherapy and psychoanalytic psychotherapy. If Freud truly did not recognize that employing resistance as a defense mechanism is part of the person's whole way of being and if Freud truly believed that employing resistance is solely a phenomenon of the therapeutic hour, why would he have examined the parapraxes of everyday life?¹⁶ It seems to me that through examining the numerous examples of parapraxes (e.g. making errors, forgetting, mislaying, misreading, slips of the pen, slips of the tongue), Freud was trying to demonstrate the

¹⁵ Bugental is basically saying that his notion of resistance is much wider than that of psychoanalytic psychotherapy. Resistance is not just a force which is directed against the efforts of the therapist. To Bugental, resistance is “the way the patient formed his symptoms and meets his life” (p.91) and is the “manner in which the patient forestalls authenticity in his own being” (p.91).

¹⁶ See Freud (1901) The psychopathology of everyday life.

manifestation of resistance or repressed thoughts in the course of *everyday living* (i.e. to resist or repress some intolerable thoughts in the course of daily living through making errors etc). In other words, he would have believed that clients employ their resistance, in the forms of parapraxes, in the course of everyday living, even though he would have analysed these parapraxes for his clients during therapeutic hours. This in turn means that he would not have believed that employing resistance for clients is solely a phenomenon of the therapeutic hour. Now, if Freud did believe that clients employ resistance in the form of parapraxes in the course of everyday living and not solely in the therapeutic hour, he must have believed, like existential psychotherapists, that employing resistance is a part of clients' whole way of being.

To put the argument another way, it would be absurd to think that clients would only experience, for example, slips of the tongue, as a form of resistance or repressed thought, during the therapeutic hour, and not during the course of their everyday life. It is reasonable to think that clients would also experience slips of the tongue during the course of everyday life is because such resistance or repressed thought is, like for existential psychotherapy, a part of clients' whole way of being. Indeed, there is no reason to think that just because Freud examined the phenomenon of resistance during therapeutic hours, he therefore assumed that it would not have occurred in the course of everyday life which implies that resistance, like for existential psychotherapy, is a part of clients' whole way of being.

Now, I by no means wish to convey the impression that the frequency of occurrence of resistance constitutes the main reason why I think Freud must have thought that employing

resistance is a part of clients' whole way of being. That is, I do not mean that employing resistance is a part of clients' whole way of being because it occurs "frequently" enough (i.e. within and outside therapeutic hours) in clients' lives. Rather, the point that I am making is that employing resistance is a part of clients' whole way of being because it "inevitably" occurs for clients both during and outside therapeutic hours. This is true for both existential psychotherapists and psychoanalytic psychotherapists. So, I am saying that psychoanalytic psychotherapists in fact share the existential psychotherapeutic view that "the resistance is displayed in the therapeutic session because the patient carries his resistance into all his life. He cannot step out of his resistance any more than he can step out of his world, for the resistance is the way he is in his world." (Bugental, 1965, p.100)

To put the foregoing argument in another way, the examples of parapraxes, as I have argued, are the manifestation of resistance or repression of some intolerable thoughts in the course of everyday living, not just in therapeutic hours. To understand this further, one could look at it in the light of some aspects of Heidegger's (1962) Dasein which is perhaps equivalent to what Bugental meant by clients' whole way of being.

According to Heidegger, Dasein is "the being of man" and yet has no determinate essence. It is "there" in the world but is not situated in a particular place or time. It is "there" alongside others or past event. Dasein is a public-being (Man), before it becomes an individual thinking ego. The Other is always present and, in some ways, possesses my "mineness" (Jemeinigkeit). Dasein is affected or determined by the "they" (Verfallen), i.e. what "they" say or do. In order for Dasein to live in authenticity, it has to come away from

the “they”. In other words, Dasein, in the first instance, is not revealed through self-awareness but is a way of being with the worldly things with which it is most familiar.

Now, given the above very brief description of some aspects of Dasein, it seems to me that when Dasein is “there” alongside others or past event, is a public-being and is determined by the “they”, it finds itself living in inauthenticity by living with experiences or thoughts resulting from interacting with the other, some of which are unpleasant and indeed intolerable. But, these unpleasant or intolerable experiences or thoughts are very much integrated with Dasein. They are not something that Dasein can choose to detach from and yet, according to Freud, create a great deal of anxiety at times which needs to be defended against. However, since these unpleasant or intolerable experiences and thoughts are intimately integrated with Dasein, employing defense mechanisms does not only take place during therapeutic hours but, in fact, in everyday living via, for example, parapraxes phenomenon.

5.6 Repression

As one speaks of the notion of resistance, one would naturally turn to the notion of repression. By focusing on the latter, what I wish to argue is again that there are in fact common features that both existential psychotherapists and psychoanalytic psychotherapists share. I wish to focus my discussion on Boss’s (1963) descriptions of repression. This is how Freud explained the notion of repression:

“Let us therefore compare the system of the unconscious to a large entrance hall, in which the mental impulses jostle one another like separate individuals. Adjoining this entrance hall there is a second, narrower, room – a kind of drawing-room – in which consciousness, too, resides. But on the threshold between these two rooms a watchman performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing-room if they displease him. You will see at once that it does not make much difference if the watchman turns away a particular impulse at the threshold itself or if he pushes it back across the threshold after it has entered the drawing-room. This is merely a question of the degree of his watchfulness and of how early he carries out his act of recognition The impulses in the entrance hall of the unconscious are out of sight of the conscious, which is in the other room; to begin with they must remain unconscious. If they have already pushed their way forward to the threshold and have been turned back by the watchman, then they are inadmissible to consciousness; we speak of them as *repressed*. But even the impulses which the watchman has allowed to cross the threshold are not on that account necessarily conscious as well; they can only become so if they succeed in catching the eye of consciousness. We are therefore justified in calling this second room the system of the *preconscious*. In that case becoming conscious retains its purely descriptive sense.” (Freud, 1917, p.336-337).

The watchman is also known as the resistance which I have discussed earlier. Freud also said that repression is the “*precondition* for the construction of symptoms. Symptoms, as we know, are a substitute for something that is held back by repression” (Freud, 1917, p.339).

Boss is critical of the foregoing notion of repression, despite the fact that he saw the importance or value of working with this discovery of Freud. In other words, Boss accepted the importance of this concept while he was critical of the way in which Freud conceptualised it. To Boss, with regard to the notion of repression, there is no need to assume ideas such as “instinctual representative dwelling in a consciousness which is pictured as a reception room

.....” (Boss, 1963, p.117). Neither should we assume a watchman who somehow stores threatening ideas in the hall of the unconscious. Instead, he offered a different way of looking at this notion of repression. Let’s consider the following example used by Boss. He referred to a young girl who fell in love with a gardener who worked in a flower nursery. He looked at her eagerly daily as she passed the nursery on her way to work. One day, she stumbled and fell in front of the nursery. Since that moment, both of her legs became paralysed. A label called hysterical paralysis was given to her.

According to Boss, the paresis of the legs did not mean that there were previously repressed psychic or instinctual representations or thoughts which returned from the unconscious. To Boss, there was “no proof of the existence of any instinctual strivings for, or thoughts about, the gardener which the girl had first been aware of and then rejected, repressed or

forgotten.” (Boss, 1963, p.118). That is, there are no unconscious strivings, no unconscious emotions and thoughts that one could detect. Instead of detecting these unprovable assumptions called the unconscious, psychic representation in this girl’s mind, Boss believed that “it is better to let the observable phenomenon itself tell us its actual meaning and content”. (Boss, 1963, p.118). All we know is that “it was the gardener himself out there in his nursery who had revealed himself immediately as an attractive man in the light of the girl’s existence. He, in the immediate of his own reality, had presented himself in the elucidated ‘there’ of her Dasein directly.” (Boss, 1963, p.118). This girl was moving toward him with a very strong feeling, emotional attraction and indeed with her whole being. But “there was also the rigorously prohibiting attitude of the girl’s parents against all kinds of sensuality. The paralysis of the girl’s legs shows that she still existed under its spell completely. Consequently, she was able to engage herself in the love relationship to the gardener only in the way of warding off her moving close to him, of stopping and blocking this movement of hers.” (Boss, 1963, p.118-119). Boss believed that this blocked relation to him continued to be a human relationship and insisted that even then, the girl was not repressing the gardener’s image into an unconscious.

Boss then went on to say “The paresis of this girl’s legs thus shows that she was so little her own and independent self as yet that she was not even able to think reflectingly about the gardener, so that the blocked relationship in which her existence was so completely absorbed could occur only within the bodily sphere of her existence—in the form of the paralysis of her legs. In other words, this paresis itself was the immediate occurrence of her blocked relationship toward the gardener no sexual drive had first been locked in an

unconscious locality within a psyche of the patient and then externalised and ‘expressed’ itself in the form of a hysterical symptom.” (Boss, 1963, p.119). Boss then went on to say that when this girl was able to “ponder reflectingly and independently upon the prohibiting attitude of her parents” (Boss, 1963, p.120) and to experience the relationship toward the gardener “in the open and free way of independently, reflectingly, and responsibly thinking of him and feeling erotically for him, there was no longer any need of this relationship’s occurrence as a hysterical bodily symptom.” (Boss, 1963, p.120).

So, to Boss, “what has been called a ‘repression’ of thoughts and emotions into an ‘unconscious’ can be understood much more adequately as the inability of an existence to become engaged in an open, free, authentic, and responsible kind of relationship to that which is disclosed in the relationship. Being engaged in an open, independent, and free relationship toward something or somebody always consists also, among other things, of perceiving the encountered fully, thinking of it, reflecting upon it, feeling it with all the richness of one’s own selfhood, and of taking action accordingly.” (Boss, 1963, p.120). So, the important implication from Boss is that repression should be seen as clients’ acceptance or rejection of their own potentialities. To repress is to make one's self become unaware of freedom. So, the idea here is how clients relate to their own freedom in order to express their potentialities.¹⁷

¹⁷ Some clients choose repression as one way of relating (see Boss, 1962). Using sexual repression as an example, psychoanalytic psychotherapists might see it in terms of finding a sexual object, i.e. they are not talking about sex in human beings. They would try to find causes in the past and might ask how this instance of sexual repression can be overcome. Existential psychotherapists would see sexual repression as clients holding back their potential. Existential psychotherapists might or might not deal immediately with the sex problem as such but they would not see sexual repression as a mechanism of repression as such but as a limitation of clients’ being in their world.

5.7 A hidden process

After having laid down the above contrasting view of repression, let me now point out some common features shared by Boss and psychoanalytic psychotherapists. Boss had never denied the fact that the girl's parents' rigorously prohibiting attitude against all kinds of sensuality in part led to her paralysis, as Boss said "there was also the rigorously prohibiting attitude of the girl's parents against all kinds of sensuality. The paralysis of the girl's legs shows that she still existed under its spell completely". There is no reason to assume that this girl was aware of this link between her parents imposing attitude on her and her paralysis (especially as she was not in a state in which she was able to reflect upon herself due to her preoccupation with this relationship, as Boss said "her being possessed by this relationship, however does not mean that the girl had ever become fully aware of this fact in the sense of intellectually reflecting upon it. Being possessed makes it generally impossible to think for oneself." (Boss, 1963, p.119)). In other words, Boss was claiming that this girl was in a mental state in which she was *unaware* or *unconscious* of this hidden process: girl's parents imposing their prohibiting attitude against all kinds of sensuality on the girl → girl's paralysis.

It seems to me that the above process is that with which psychoanalytic psychotherapists would be sympathetic. In fact, my speculation is that if psychoanalytic psychotherapists were analysing this girl's paralysis, they would have probably focused on the link between the girl's parents' prohibiting attitude imposed on the girl and the girl's paralysis (since psychoanalytic psychotherapists would not likely ignore the effects that parental

authoritative attitudes might have on the psychology of the child). They would also say that the above link would be unconscious to the girl. Hence, psychoanalytic psychotherapists would have arrived at a similar interpretation that this girl was unaware or unconscious of the prohibiting attitude against all kinds of sensuality that the parents imposed on the girl → girl's paralysis (Of course, I am not saying this is the only interpretation that psychoanalytic psychotherapists would come up with).

This leads me to another common feature between existential psychotherapists and psychoanalytic psychotherapists. If existential psychotherapists, like psychoanalytic psychotherapists, view the girl in terms of the aforementioned process, they then, contrary to what Boss claimed, do not simply let the observable phenomenon itself tell us its actual meaning and content. This is because, as far as I can see, the observable phenomenon of the girl suffering from some form of paralysis would not tell us that the girl still existed under the spell of her parents' rigorously prohibiting attitude against all kinds of sensuality. The observable phenomenon of the girl suffering from some form of paralysis might tell us, for example, that the girl is unable to walk, that the girl is perhaps distressed by herself suddenly becoming paralysed for no apparent reason, that the girl is perhaps anxious about when she can walk again etc. The point that I am making is that to get the meaning that the girl still existed under the spell of her parents' rigorously prohibiting attitude against all kinds of sensuality from the observable phenomenon of the girl suddenly becoming paralysed requires therapists' ability to make interpretations. That is, such meaning is an interpretive one. Existential psychotherapists interpret from the phenomenon that they observe in the same way as psychoanalytic psychotherapists. What I am pointing to is

similar to what I have argued in the previous chapter which is that both existential psychotherapists and psychoanalytic psychotherapists in fact share a common feature in that they attempt to interpret latent materials (i.e. the girl's parents' rigorously prohibiting attitude against all kinds of sensuality) from manifest materials (i.e. the girl suddenly became paralysed). Both existential psychotherapists and psychoanalytic psychotherapists do not simply let the observable phenomenon tell them its actual meaning but actively construct interpretative meanings from observable phenomenon.

Let me now return to the first common feature with regard to the hidden process and consider one possible reaction from existential psychotherapists to it. Existential psychotherapists might argue that while it might be the case that both existential psychotherapists and psychoanalytic psychotherapists view the girl with the similar hidden process (i.e. the girl's parents imposed their prohibiting attitude against all kinds of sensuality on the girl → girl's paralysis), one main difference remains. This is concerned with the fact that psychoanalytic psychotherapists believe that the girl was repressing her instinctual strivings (e.g. her striving for experiencing sensuality with the gardener) into the unconscious by adopting the attitude imposed on her by her parents which, in turn, led to the paralysis of her legs whereas existential psychotherapists believe that the girl was repressing her potential to be or to engage in an open, free, authentic and responsible kind of relationship toward the gardener. That is, she was repressing her potential to engage in an "open and free way of independently, reflectingly and responsibly thinking of him and feeling erotically for him", as Boss said. This has bearing on the notion of freedom, as May (1983) said "to repress is precisely to make one's self unaware of freedom" (May, 1983,

p.155). That is, the girl was making herself unaware of her freedom to engage in an open and free way of independently, reflectingly and responsibly thinking of the gardener and feeling erotically for him. In the light of that, existential psychotherapists might argue that the above hidden processes should be revised as follows.

For existential psychotherapists, the process is: the girl repressed unconsciously her potential to engage in an open, free, and authentic way of independently, reflectingly and responsibly thinking of him and feeling erotically for him, by accepting her parents' prohibiting attitude against all kinds of sensuality → girl's paralysis.

For psychoanalytic psychotherapists, the process is: the girl repressed unconsciously her instinctual strivings (e.g. her striving for experiencing sensuality with the gardener) into the unconscious, by accepting her parents' prohibiting attitude against all kinds of sensuality → girl's paralysis.

What really distinguishes these two revised processes? one might ask. One might say what really distinguishes them is the content of the material that the girl was repressing (i.e. existential psychotherapists thought that the material was her potential to engage in an open, free and authentic way of being whereas psychoanalytic psychotherapists thought that the material was her instinctual strivings for, say, experiencing sensuality with the gardener). But, I wish to argue that in fact, both contents mirror each other. It seems to me that for the girl to repress her instinctual strivings for experiencing sensuality with the gardener presupposes that she was repressing her potential to engage in a natural, free, authentic.

independent way of being, i.e. being in a sensual relationship with the gardener. To make this a bit more explicit, if the girl truly fell in love with the gardener, it was only reasonable to assume that she would instinctively strive for experiencing sensuality with the gardener. So, this instinctual striving for experiencing sensuality with the gardener is not an artefact that she has created for herself but is a natural, open, freely given and indeed authentic part of herself. That is, she has the natural potential to freely, openly and authentically experience sensuality with the gardener when she is in love with the gardener. Now, if she represses this instinctual striving, it means that she is repressing a natural potential to openly, freely and authentically experience sensuality with the gardener and think of him and feel erotically for him. This is what I mean by both contents of materials (i.e. existential psychotherapists thought that the material was her potential to engage in an open, free and authentic way of being whereas psychoanalytic psychotherapists thought that the material was her instinctual strivings for, say, experiencing sensuality with the gardener) in fact mirror each other.

I am well aware of the fact that since existential psychotherapists such as Boss did not believe in the existence of instinctual strivings, he would have struggled to see the mirroring nature of the two contents of materials in the above revised processes. As far as Boss is concerned, for the girl to repress her natural potential to openly, freely and authentically experience sensuality with the gardener does not presuppose that she was repressing her instinctual strivings for experiencing sensuality with the gardener, since he believed that there is, “no proof of the existence of any instinctual strivings for, or thoughts about, the gardener which the girl had first been aware of and then rejected, repressed or forgotten.”

(Boss, 1963, p.118). But, what I have argued is that existential psychotherapists need to consider the possibility that the girl could have first been aware of some instinctual strivings for experiencing sensuality with the gardener (especially when she truly fell in love with him) which she has a natural potential to fulfil but which she later repressed.

5.8 Summary

To end this chapter, I want to remind readers that it is not my aim in both the last and present chapters to provide a comprehensive and systematic analysis of the common features of existential psychotherapy and psychoanalytic psychotherapy. Instead, by sketching some features common to both existential psychotherapy and psychoanalytic psychotherapy, my ultimate aim is to point out some of my critiques of existential psychotherapists' claims with regard to the concepts of making interpretations, transference, resistance and repression.

In this chapter, I continued to address the question “how marked is the contrast between existential psychotherapeutic and psychoanalytic psychotherapeutic concepts?” and attempted to develop the general argument that there were common features that both existential psychotherapists and psychoanalytic psychotherapists shared in their respectively defined concepts, namely, resistance and repression. After having described the notions of resistance according to the existential psychotherapeutic and psychoanalytic psychotherapeutic perspectives, I argued that one common feature was that both existential psychotherapists and psychoanalytic psychotherapists believed that

resistance is a form of defense mechanism, through which clients defend against something which is too threatening, overwhelming, or difficult for clients to face up to or take responsibility for. In turn, this meant that both existential psychotherapists and psychoanalytic psychotherapists believed that clients in fact wish to avoid something which could cause them tension, pain, discomfort etc. In so doing, they can then find pleasure in the sense of tension reduction, i.e. a version of the pleasure principle. Another common feature was that both existential psychotherapists and psychoanalytic psychotherapists believed that in employing such defense mechanisms, clients oppose the process of change and avoid taking responsibility for themselves.

I then went on to say that both existential psychotherapists and psychoanalytic psychotherapists do not deny that a sense of anxiety is experienced by clients as they defend against something which is threatening, or overwhelming for them to face up to. I suggested that this subject of anxiety can be explained in terms of the notion of dynamic therapy, i.e. existential psychotherapy and psychoanalytic psychotherapy dynamic therapies. I compared the psychoanalytic psychotherapeutic dynamic formula: *Drive* → *Anxiety* → *Defense mechanism (e.g. resistance)* with the existential psychotherapeutic dynamic formula: *Awareness of ultimate concern* → *Anxiety* → *Defense mechanism (e.g. resistance)*. I argued that there was in fact a common feature in these two formula. The common feature was that when existential psychotherapists such as Yalom said that the conflict originated from clients' confrontation with their inescapable existential givens or ultimate concerns which then generated anxiety against which clients defended using defense mechanism of resistance, he in fact meant that the conflict originated from

clients' confrontation with their inescapable conflicts which resulted from clients who were confronting existential facts and attempt to avoid them by holding on to their own wishes. The struggle between confronting and avoiding confronting something, like psychoanalytic psychotherapists, ultimately gave rise to the conflict which, in turn, generated anxiety against which clients defended using such defense mechanisms as resistance.

I then moved on to examine Bugental's claim that Freud did not recognize that resistance (as a barrier to the coming into consciousness of what seems intolerable) is part of clients' whole way of being and is not solely a phenomenon of the therapeutic hour. I argued that this was simply not true. Quite the contrary, I argued that employing resistance was a part of clients' whole way of being because it "inevitably" occurred both during and outside therapeutic hours. This was true for both existential psychotherapists and psychoanalytic psychotherapists.

After the above discussion on the notion of resistance, I then moved on to the notion of repression. I first outlined the *prima facie* difference between existential psychotherapists (i.e. Boss) and psychoanalytic psychotherapists in terms of conceptualising the notion of repression. A case example of a girl who suffered from paralysis of the legs was used. One common feature between existential psychotherapists and psychoanalytic psychotherapists was simply this. They both believed that the girl was in a mental state in which she was *unaware* or *unconscious* of a hidden process: girl's parents imposing their prohibiting attitude against all kinds of sensuality on the girl → girl's paralysis. I then

focused on two revised hidden processes: For existential psychotherapists: the girl repressed unconsciously her potential to engage in an open, free, and authentic way of independently, reflectingly and responsibly thinking of the gardener and feeling erotically for him, by accepting her parents' prohibiting attitude against all kinds of sensuality → girl's paralysis. For psychoanalytic psychotherapists: the girl repressed unconsciously her instinctual strivings (e.g. her striving for experiencing sensuality with the gardener) into the unconscious, by accepting her parents' prohibiting attitude against all kinds of sensuality → girl's paralysis. I argued that there was a common feature in these two revised processes which was that for the girl to repress her instinctual strivings for experiencing sensuality with the gardener (by accepting her parents' prohibiting attitude) presupposed that she was repressing her potential to engage in a natural, free, authentic, independent way of being, i.e. being in a sensual relationship with the gardener.

Chapter 6 The Existential Psychotherapeutic Notion of the Unconscious

While the previous two chapters focused on existential psychotherapists' views on some of psychoanalytic psychotherapeutic concepts, I now wish to turn to another psychoanalytic concept relevant to existential psychotherapy, that of the unconscious. I will start by describing the notion of the spiritual unconscious expounded by the existential psychotherapist, Viktor Frankl (1997). My aim is to demonstrate that the notion of the spiritual unconscious is inconsistent with general existential psychotherapeutic thinking and that it is an incoherent thesis. After that, I will depict another existential psychotherapeutic notion of the unconscious exemplified by different existential psychotherapists. There are three points to the description of the unconscious that I wish to examine.

Firstly, according to existential psychotherapists, clients sometimes remember things but are unable to actively recall them, i.e. they experience a sense of atmosphere or ambience and have an inarticulate or vague memory about an event. If therapists insist on clients articulating these vague memories and arriving at stories which go with them (according to existential psychotherapists, this is something that psychoanalytic psychotherapists would do), therapists, i.e. psychoanalytic psychotherapists, will likely create stories which are fantasies, based on their imagination. I wish to argue that while existential psychotherapists wish to make this claim about psychoanalytic psychotherapists' practice, paradoxically, existential psychotherapists are precisely doing what the claim is suggesting.

Secondly, I will move on to discussing the claim which states that believing in the psychoanalytic psychotherapeutic notion of the unconscious means creating an excuse for not investigating, clarifying or understanding complex issues about ourselves (i.e. an easy way out of self-examination). On the contrary, I wish to argue that clients do in fact investigate or examine themselves by understanding some of their own personal issues in the light of the psychoanalytic psychotherapeutic notion of the unconscious. To follow on from this claim, I will focus thirdly on the existential psychotherapeutic claim that the unconscious would have to be found within a wider human capacity for consciousness. In essence, I wish to argue that this claim is dubious.

6.1 Frankl's spiritual unconscious

Viktor Frankl (1997; 1975) believes in the notion of the unconscious. To an extent, it is similar to that of the psychoanalytic psychotherapy in the sense that according to Frankl, there is something about ourselves of which we are not conscious. Frankl speaks of this notion as spiritual unconscious. The word "spiritual" means *what is human in man* (i.e. it is pertaining to human existence). By spiritual unconscious, he means that the foundation of human existence is essentially unconscious. The reason is that according to Frankl, the foundation of our existence "cannot be fully reflected upon and thus cannot be fully aware of itself" (p.31). Another way of putting it is to say that "...the centre of the human person in his very depth is unconscious" (p.37). There is no self-observation nor self-reflection. It is unconscious of itself. But this does not mean to say that all of our human experiences are

therefore unconscious. To Frankl, some are conscious and some are unconscious, while the foundation of human existence is ultimately unconscious. Frankl also says that "that which has to decide whether something is to be conscious or unconscious is itself unconscious" (p.37).

Then, Frankl focused on the notion of conscience which is a true and irreducible human phenomenon, i.e. such a phenomenon is inherited in humans as deciding beings. According to him, conscience reaches down into the unconscious depths and stems from an unconscious ground.¹ It is irrational and not logical, in fact prior to logic. It is based on intuition.² Conscience, since it is a human phenomenon, can lead us to meaning as well as astray. That is, conscience can make mistakes.

Given the foregoing brief description of Frankl's notion of the spiritual unconscious, I now wish to examine it and argue that it is in fact inconsistent with general existential psychotherapeutic thinking and that it is internally incoherent. Firstly, let me show why I think Frankl's notion of spiritual unconscious is in fact inconsistent with the general existential psychotherapeutic thinking. To do that, let me draw attention to some points made by the American existential psychotherapist Rollo May which are thought to be consistent with the general thinking of existential psychotherapy.

¹ Frankl stated "It is precisely those momentous, authentic--existentially authentic--decisions that take place completely without reflection and thus unconsciously. Precisely where it originates, conscience delves down into the unconscious." (p.39).

² I quote from Frankl again: "It is the task of conscience to disclose to man the *unum necesse*, the one thing that is required. This one thing, however, is absolutely unique inasmuch as it is the unique possibility a concrete person has to actualize in a specific situation. What matters is the unique 'ought to be' that cannot be comprehended by any universal law but only an 'individual law'..... And above all, it can never be comprehended in rational terms, but only intuitively." (p.41)

May (1969) believed that we are existing, emerging and becoming and are the centre of our own unique experience. *I am* the centre of my life. I am the agent and am situated at the center at which I know myself as the one responding and behaving in different ways. He used the term the "I am" experience which means that the realisation of our own being is situated in the centre of our own experience. I am the one living, experiencing and choosing my own being.³

May (1983; 1969) believed that autonomy can only be located in the "centered self" which we all need to preserve or to affirm.⁴ If one attacks our center, one attacks our existence. At the same time, we all need to go out from our own centeredness in order to participate with other beings. However, the idea of relating to others is risky because we might consequently lose our own centeredness, i.e. our own identity or existence.^{5 6} So, we need

³ At the same time, this I-am experience is the realisation of not-being or nothingness, i.e. death.

⁴ May (1983) demonstrated one's preservation of oneself by referring to a client, namely, Mrs Hutchens. Before she went to see May, she had gone to another therapist for half a dozen sessions. This therapist told her that she was too proper and too controlled. She reacted with great upset and immediately broke off the treatment. May reckoned that technically, the therapist was correct but existentially he was wrong. May believed that this properness and overcontrolness were part of her desperate attempt to preserve what precarious center she had. As though she were saying, "If I opened up, if I communicated, I would lose what little space in life I have" (p.26).

⁵ May claims that the neurotics are so afraid to lose their own center and they consequently refuse to go out and hold back in rigidity, with narrowed and controlled reactions. Consequently, their personal growth and development are blocked. In other words, neurosis is often a way for clients to preserve their own center and existence.

⁶ In agreement with May, Deurzen (1997; 1998), an existential psychotherapist, believes that organisms are primarily self-centered. The self is, using Dennett's (1991) term, *a centre of gravity*. Deurzen says that the latter is situated in our bodies and that we can "reach out of body towards the world, and our centre of gravity will inevitably become unbalanced in this way. It can therefore be located differently according to the way in which a person extends into the world and in relation to how much room he or she has been able to make for him or herself in that outer space that we stand and move in. Our centre of gravity is altered as we enter into contact with the world and it may be totally unbalanced when we have to disconnect suddenly from outside relationships that we can no longer maintain for one reason or another" (p.38). However, we still find ourselves at the centre of our consciousness. Thus, there is a balancing act that we all need to do in that we need to enter the world while maintaining a centeredness.

courage (i.e. courage to be) which is intimately related to willing, deciding and choosing. That is, we need courage to will, decide or choose to preserve our centeredness or affirm oneself. Without such courage, we will lose our being.

Now, it is clear from May's idea above that the centeredness which we preserve or self-affirm, and which is characterized by the "I am experience" is a "conscious phenomenon". That is, we are the center of our own unique experience or the center of our lives in which we know ourselves as the ones responding to things and behaving in different ways, in which we "realize" our own being situated in the center of our own experience, in which we are living, experiencing and "choosing" our own being, and in which we "realize" our own nothingness. All such key phases as realizing something or being able to choose something suggest a sense of self-consciousness as opposed to self-unconsciousness. Due to such self-consciousness, we can start examining ourselves which is, as May said, the precondition for the solution to our individual problems.

In the light of the May's notion of the "I am" experience which is thought to be consistent with the general existential psychotherapeutic way of thinking, I wish to argue that Frankl's notion of the spiritual unconscious very much contradicts it. One might say the foundation of our human existence (according to Frankl) is that on which the center of our unique experience or center of our lives rests (according to May). But saying that seems to imply that these two phenomena (i.e. the foundation of human existence and the center of our lives) are separable. This is like saying that a wooden house resting on a

solid cement foundation implies essentially that both are separable. Instead, I am inclined to think that the foundation of our human existence is not separable nor independent from the center of our unique experience. In fact, they are the same things. The reason why we can say we are the center of our unique human experience is because we are existing as humans (i.e. we are the foundation of our own existence) who are accumulating unique experiences of ourselves.

Now, if the foundation of our human existence is effectively the center of our unique experience, one cannot imagine that May would agree with Frankl that the foundation of our human existence is essentially unconscious. Otherwise, May would need to question his own assumption that the “I am experience” is a “conscious phenomenon”. That is, he would need to question whether we are the center of our own unique experience in which we really consciously know ourselves to respond to things or behave in such-and-such ways, in which we really realize consciously our own being situated in the center of our own experience, in which we are really living, experiencing and choosing consciously our own being, and in which we really realize consciously our own nothingness etc. It seems to me that Frankl’s notion of the spiritual unconscious very much contradicts May’s notion of the “I am” experience.

In addition to the above problem, let’s now look closely at the internal inconsistency of Frankl’s notion of the spiritual unconscious. I wish to point out three inconsistencies. Firstly, if it is true that the foundation of our human existence is, as I have argued, the

same as the center of our unique human experience, then, what follows is that we do preserve or affirm the foundation of our human existence, since, according to May, we do preserve or affirm the center of our unique human experience. The question is how we can preserve or affirm our own foundation of our own human existence which is, however, according to Frankl, unconscious to us. That is, it is difficult to conceptualize how we can preserve or affirm something quite fundamental about ourselves which is, however, unconscious to us, and which cannot be self-observed, nor self-reflected. In this case, we do not know if it is our own human existence that we are preserving or affirming.

The second incoherency is this. Frankl said that "that which has to decide whether something is to be conscious or unconscious is itself unconscious". When Frankl said "that which has to decide ...", he could include the centre of ourselves, in our very depth and the foundation of our human existence. In other words, he could be saying that the foundation of our human existence, which has to decide whether something is to be conscious or unconscious, is itself unconscious. How does it make the decision? According to Frankl, the answer is through discerning intuitively, a unconscious spiritual act (i.e. a kind of God-given intuition with which we can judge what is behind things, what is right or wrong, what one should do in such and such a situation). In other words, Frankl is saying that the foundation of our human existence, which is unconscious to us, can somehow decide or discern intuitively (i.e. make a judgment on) whether, for example, our personal experiences are conscious or unconscious.

The problem of the above claim can simply be illustrated in the following example. Suppose someone hits my nose and I am lying on the floor crying out "I am in pain". As far as I know, I am reporting a conscious experience. However, if Frankl is right, I have to question whether saying "I am in pain" is a conscious experience for me. Since I am unconscious of the foundation of my own human existence's intuitive decision or discernment about my own personal experience, I cannot be certain whether the personal experience of me crying "I am in pain" is actually a conscious or unconscious experience, even though it appears to me without doubt that it is. In other words, I might actually be deluding myself when I say "I am in pain", while I am lying on the floor. But surely, it is absurd to think that for me to cry out "I am in pain" in the above scenario could be anything other than a consciously painful experience for me. Frankl's claim is unintelligible.

The third incoherency is not too dissimilar from the second. According to Frankl, we have inherited this human phenomenon called conscience. Seemingly, it is related to our foundation of human existence which decides or discerns intuitively that p because conscience not only stems from the foundation of our human existence, but is also inherited by us as deciding and discerning beings. To add to the above, Frankl said that when we become *existentially authentic*, conscience will decide and discern intuitively in a way which is, for us, unconscious and without reflection. In other words, when I become existentially authentic, my conscience will somehow stem from the foundation of

human existence and will decide and discern in certain ways.⁷

The problem here is that presumably, becoming existentially authentic is part of our personal experience. Since we are unconscious of the foundation of human existence's intuitive decision or discernment about whether our personal experience is conscious or unconscious, we cannot be certain of whether us becoming existentially authentic is actually a conscious or unconscious experience. This in turn means that when we say we are existentially authentic (implying that I am conscious of this), we might be mistaken. If we were mistaken about being existentially authentic, our conscience would also be mistaken in deciding and discerning intuitively that p. This is once again an unintelligible and incoherent aspect of Frankl's system.

6.2 Existential psychotherapists' views of the unconscious

Existential psychotherapists are critical of the Freudian notion of the unconscious. However, they do not deny the importance of it as May (1979) stated "If we throw this hypothesis overboard, we will the more impoverish ourselves by losing a great deal of the richness and significance of human experience." (May, 1979, p.124). Nevertheless, the way in which existential psychotherapists conceptualize the notion of the unconscious is somewhat different from Freud. Let me now turn briefly to some existential psychotherapeutic expositions of the notion of the unconscious,⁸ after which, I will reveal,

⁷ My reading so far has not revealed clearly to me *how* (i.e. the process by which) conscience stems from the foundation of human existence.

⁸ These expositions are exemplified by such influential existential psychotherapists as Deurzen-Smith,

in my view, some conceptual problems in relation to them.

According to existential psychotherapists, when we use the term “the unconscious”, we often refer to things that we can remember without being able to actively recall them. That is, we have a vague memory of an experience which, however, cannot be translated into words or specific images. We simply have “a sense of atmosphere or an ambience” or visceral, inarticulate or vague memory.⁹ Instead of acknowledging this sense of atmosphere or ambience, psychoanalytic psychotherapists, according to existential psychotherapists, would create stories which state that we have repressed such memories into our unconscious. In forcing themselves to, according to existential psychotherapists, come up with stories which go with such vague or inarticulate memories of an experience, they would likely create arbitrary and fantasy stories. These stories would be characterized by unconscious materials which are, essentially fantastical or imaginary. Yet, psychoanalytic psychotherapists take them as real and try to analyse them in terms of past experiences, when memories of the actual content of these past experiences are in fact questionable.

Thus, for existential psychotherapists, the Freudian notion of the unconscious should be abandoned.¹⁰ It merely serves to be an excuse for not investigating human reality and is an

Spinelli etc and do not capture all that we need to know about the existential psychotherapeutic view on the notion of the unconscious.

⁹ These terms are used by Deurzen-Smith, 1997, p.207.

¹⁰ To abandon the Freudian notion of the unconscious does not require us to abandon the notion of the unconscious according to Binswanger (1963). For the time being in existential psychotherapy, we cannot possibly abandon the concept of the unconscious. After all, Freud has made an important contribution to the understanding of human personality by investigating the irrational, the repressed, and the forgotten aspects of our experience, as well as our hostile and unacceptable desires, etc.

easy way out of self-examination.¹¹ That is, we do not wish to clarify or understand certain complex personal issues about ourselves so we simply use the unconscious to rationalize our behaviour and to avoid facing up to the reality of our own existence. We use the unconscious to justify our own actions as if it is not us doing the living, and blame the unconscious for the complex things about ourselves.

Existential psychotherapists such as Deurzen-Smith claim that we can now observe humans in the same way as we observe animals. We can now be so specific about the structure of the brain, our hypothalamic functions and indeed our neurological and physical processes. We can also study how chemical, hormonal and genetic phenomena influence our behaviour and indeed the instinctual aspects of human interaction. In other words, it is no longer necessary to think that such ordinary strands of human instincts are subject to a vague, imprecise, mystical and secret place, i.e. the psychoanalytic psychotherapeutic notion of the unconscious or the cellar view of the unconscious.¹²

Thus, what existential psychotherapists really reject is the Freudian mystical notion of the unconscious as an intra-psychic phenomenon and as an imaginary place where instincts are

¹¹ Deurzen-Smith said "Anything that is automatic--or complex, or preverbal, or causal, or veiled--gets called 'unconscious'. It is a handy concept, and a useful confidence trick to be able to employ it so blithely, but I think it is about time we gave up this easy way out of self-examination and set out to research and investigate what it really is we are talking about, or avoiding talking about." (1997, p.216).

¹² Freud's view of the unconscious is the "cellar view" implying that there are things or entities stored beneath, from which causal explanations or deterministic theories are derived. To Freud, there is a barrier between the conscious and the unconscious in a way that the unconscious cannot be accessed directly in most circumstances and that it only manifests itself in a disguised fashion. The unconscious is the storehouse of unacceptable, disturbing, frightening, irrational thoughts, images, wishes, fantasies etc which originated in infancy and childhood and which we are afraid to allow ourselves to consider or examine consciously. So, we repress these unconscious materials which can only become conscious through the use of specific psychoanalytic techniques. To existential psychotherapists, however, Being is indivisible and so the cellar view of the unconscious is false and unconstructive.

safely contained and repressed. Instead, Deurzen-Smith, for example, believes that the notion of the unconscious should be found within the arena of consciousness, as she said “if we want to hold on to the notion of the unconscious, it would have to be found a place within this wider human capacity for consciousness” (Deurzen-Smith, 1997, p.202). There are different degrees of conscious experience in that the state of day dreaming is different from the state of acute awareness, that self-reflection is different from automatic action and that sleeping and dreaming are different from waking. So, the notion of consciousness includes “the entire range of mental processing, reflective and non-reflective, from total immersion in an event or blind experience of emotion through to active and articulated description, knowledge and conscious control” (Deurzen-Smith, 1997, p.202).

Deurzen-Smith believes that we can switch our attention or focus from one thing to the other at will. As we focus on X in the foreground, Y is in the background. This foreground/background phenomenon of Gestalt Psychology allows us to explain some aspects of our unconscious or non-reflective behaviour. We cannot pay attention to everything at once.¹³ Some objects are always not the objects of our intense focal scrutiny which does not mean that they are out of our consciousness.¹⁴ There are simply different degrees of intensity of our focus of attention. Indeed, the complex computational processes

¹³ What we are observing or focusing on now is that “consciousness is a phenomenon of our intentionality”. Much of our intentionality “is a sweeping movement that reaches out towards something whilst we are momentarily not reflecting on the things that we have to overlook in the process” (Deurzen-Smith, 1997, p.209-210).

¹⁴ When we concentrate on, focus on or attend to something, we do so because we are “selecting” it from all other things. However, we are only able to concentrate on the things that we have selected to concentrate on or focus on (e.g. the keyboard on my computer as I type this passage) but not other things (e.g. the noise from the street). In other words, what we are consciously aware of is only a very small selection of the sum total of all other things that we *could be* consciously aware of. However, these things that we have not selected would not just disappear consequently. We are still aware of them but in a non-conscious manner.

happening in our brains are so complex that we cannot possibly grasp our own intentions and reflect upon them at all times. So, existential psychotherapists believe that people engage in "non-articulated" or "unspoken exchange" rather than "unconscious communication" (Deurzen-Smith, 1997). That is, much of what we do not say to one another is not out of mind, i.e. not out of our consciousness.

To reinforce the above existential psychotherapeutic claim, existential psychotherapists, such as Spinelli, speak of the notion of dissociation. The argument is that even dissociation, which we use as a form of defense mechanism,¹⁵ is that which is conscious. To make this more explicit, let me refer to a case study reported by Spinelli (1994). Since June, the client, who was 13, had been suffering from a sleeping problem in that as she tried to dream, she would see an image which would give her a startle response and wake her up. Interestingly, the image was merely a chessboard. Whenever she talked about it in therapy, she would begin to feel anxious, scared, dizzy and feel like vomiting. In therapy, she gained no insights or understanding from talking about the image in a "free association" style. But later, she was asked to turn to the image itself in silence. She then suddenly experienced a shocked reaction and began to cry. This was because she realized that it was not a chessboard but her family's basement floor with a pattern of red and white squares. She then remembered that in that room, she was forced to engage in some sexual act with her older brother's friend. She had never told anyone about the event and had indeed "forgotten" about it until now. After that, she was able to enjoy undisturbed sleep and to dream proper dreams. Sometime later.

¹⁵ I am assuming here that we use defense mechanisms on a regular or even daily basis. To my knowledge,

however, June said to Spinelli “I hadn’t *really* forgotten the event. I’d thought of it in a kind of detached way lots of times. But I just hadn’t connected to it. It was kind of there and not there in my thoughts. It was like a thought that didn’t belong to me.” (Spinelli, 1994, p.144).

Spinelli then goes on to say that whenever we remember a seemingly forgotten event, we feel, often immediately, that we have known it all along. That is, the revelatory material has not been hidden from us. Instead, we have somehow *disowned* it by keeping it separate from our phenomenological meaning-world. Spinelli believes that this phenomenon of “disowned thoughts and memories” (i.e. dissociation) offers an alternative view or explanation to the notion of the unconscious. To Spinelli, dissociation is our human capacity to “split off” or “compartmentalize” knowledge, memories, behaviour etc which, however, remain potentially knowable, retrievable, or re-associatable. To existential psychotherapists, “the psychoanalytic psychotherapeutic process of ‘making the unconscious conscious’ may be more adequately described as a movement ‘from disownership towards ownership’ in that it does not involve the uncovering of lost or forgotten material but, rather, the acknowledgement of thoughts, affects, memories and the like as not ‘belonging to one’s self’ (Spinelli, 1994, p.157).

According to Spinelli, these “disowned” experiences are consciousable to us and can be recalled, i.e. in his words, dissociated consciousness. Nevertheless our consciousness of them is from a distanced or alien perspective. That is, we might think certain thoughts, or

existential psychotherapists have not disagreed with the above assumption.

remember particular memories, but it is as though these belong to someone else and have little emotional impact on or meaningful significance for us. Spinelli also reckons that these disowned thoughts may be so pressing that they temporarily “swamp” the self we regard to be our self, and one or several other alien or competing “selves” (to whom these alien thoughts belong) control or “possess” us, of which “split” or “multiple” personality disorders are examples.

6.3 Working with non-vague/articulated memories vs vague/ inarticulated memories

I now want to address some of the points made by existential psychotherapists in the above exposition. But first, let me make a passing comment concerning the existential psychotherapeutic remark that “when we use the term ‘unconscious’, we often refer to things that we can remember without being able to actively recall them”. As far as psychoanalytic psychotherapists are concerned, this remark is inaccurate. While psychoanalytic psychotherapists do consider ability to remember things without being able to actively recall them as potentially unconscious material, they also consider the ability to remember things while being able to actively recall them as potentially unconscious material. For example, clients can often remember and actively recall slips of tongue which, for psychoanalytic psychotherapists, could also constitute unconscious material.

In any case, this is not a point I wish to dwell on. Instead, I want to focus on the existential psychotherapeutic claim that when we remember things but are unable to actively recall

them, we are experiencing a sense of atmosphere or ambience, a visceral, inarticulate or vague memory. The claim then goes on to say that psychoanalytic psychotherapists insist on asking clients to articulate their vague memories and on compiling stories which go with them. Psychoanalytic psychotherapists would likely create fantasies out of their own imagination.

The upshot of what I am going to argue is that paradoxically, given the above charge of existential psychotherapists, existential psychotherapists are doing precisely what the claim has stated. That is, as far as I can see, existential psychotherapists do in fact encourage their clients to articulate their vague memories and existential psychotherapists do arrive at stories which go with these vague memories. If, according to existential psychotherapists, this constitutes creating likely fantasies out of the imagination of the therapist, then, existential psychotherapists would be doing precisely this. Let me first of all show why I think existential psychotherapists do in fact work with vague or inarticulated memories. The reason is simply that existential psychotherapists, like psychoanalytic psychotherapists, work with dreams¹⁶ which, to me, presupposes the idea that existential psychotherapists work with vague or ambient memories or fantasies. After all, dreams are, by nature, vague or ambient, not easily articulated or translated into words or images, and are indeed fantasies, as opposed to facts.

One could argue that working with dreams does not presuppose the idea of working with vague or ambient memories or fantasies. Those of us who can in fact recall or articulate our

¹⁶ For example, see Boss's (1957) work on dreams.

dreams quite well would feel that working with dreams does not mean working with vague or ambient memories or fantasies. For example, I had a dream last night and can now recall that I was sitting on a speed boat which was stationary in the sea. I was sitting at the end of the speed boat alone. The weather was not sunny but it was not raining either, a bit overcast perhaps. Now, one may say that the way that I have just recalled and described my dream is clear rather than vague or ambient. I have managed to translate the dream images clearly and put them into words.

But, the fact is that being able to remember, recall and translate some aspects of my dream in a seemingly non-vague manner does not make my dream not-vague and not-ambient. The reason is this. As I am now recalling my dream, I am aware of the fact that there was more happening in my dream than I am able to recall or describe. In other words, as I start describing it, I know immediately that other things (people, scenery or other events) did come into my dream but I am not able to recall them (it does not matter how hard I try). I do not know what they are but only know that they were in my dream. That is, I am aware of the fact that my dream was a lot more complex, rich and interesting than what I have been able to recall, and I am also aware of the fact that I am unable to articulate the complexity or the richness of it. In other words, I know that I have not told the whole of my dream but only a fragment (somewhat disintegrated) of it.

Also, as I am recalling my dream, I find certain aspects of it so difficult, strange, bizarre, nonsensical, incoherent and indeed so fantasy-like that I cannot describe it in the way that it

happened in my dream. So, in order to make my description “clear enough” or “coherent enough” for the audience for whom I am recalling my dreams, using my own imagination, I have to simplify the description or deliberately make my dream somewhat coherent (of course, not entirely) or less fantasy-like by distorting certain details. Thus, I do not think that it is unreasonable to say that working with dreams is working with vague or inarticulated memories and indeed fantasy as opposed to facts. Regardless of how confident I feel about my recalling of my dream, the dream that I am presenting is not really the one that I dreamt. Dreams are, by nature, too vague, too ambient, too strange or bizarre to be grasped and described fully and are not facts.¹⁷

Having established the fact that existential psychotherapists work with vague or ambient memories or fantasies, i.e. assist clients to articulate their vague memories (dreams), what makes me think that existential psychotherapists would then arrive at stories which go with these vague memories? The reason is simple. Existential psychotherapists need to make interpretations about these vague memories or dreams (it was mentioned in Chapter 4 that interpretations, according to existential psychotherapists, are inevitable in therapy). Now, to me, these interpretations are stories which are descriptions of a series of imaginary events (see the definition of the word story in Collins Dictionary).

Let me refer to a brief dream reported by Boss (1963). A man dreamt that he was visiting a zoo where there were five, large tigers and lions. The director of the zoo then came into the dream, opened the heavy gate of the cage and entered and fed the animals with very large

¹⁷ I perfectly realize that I have argued based on my own experience of recalling dreams. I am assuming that

chunks of raw meat. Consequently, the animals became excited. The dreamer became increasingly terrified because he realized that the director had left the gate open. Then, in the dream, the iron bars of the cage were not actually made of iron but ice which was gradually melting due to the sun. Then, the dreamer ran away as fast as he could.

Now, Boss arrived at a story (i.e. an interpretation) to go with this vague memory or dream.

According to Boss, the only thing that we are justified to say about this dream is the fact that “something alive—presenting itself in the phenomena of the tigers and lions—which has been safely imprisoned is now running after the dreamer, threatening to destroy him, to devour him.” (Boss, 1963, p.262-263). The Daseinsanalyst then pursued with the question of why does “the essence of nature’s vitality shine forth to you (the dreamer) only through dangerous, wild animals in your dream. Perhaps it is your anxiety about this vitality’s dangerous and aggressive features.” (Boss, 1963, p.263).

So, the story which goes with this dream is that this person is feeling anxious, afraid or fearful of something or someone. But, of course, in reality, this person might not even be aware of the fact that he is feeling any of these feelings. Now, Boss made it clear that he would be willing to change the story which went with these vague memories (dream) by saying that the dreamer is fearless, content or peaceful, if the person had “encountered the essence of nature’s vitality in a dream of a joyful encounter with his sweet-heart, in which he embraced her wholeheartedly.” (Boss, 1963, p.263).¹⁸

the struggle that I have experienced in describing my dream is not far from ordinary human experience.

¹⁸ According to Boss (1963), the traditional psychoanalytic interpretation of this dream would probably state that the dreamer projected his drives and “animal” instincts onto a hallucinatory external world. However,

Consider another example by Boss. A man had a dream in which he saw his brother's corpse lying in a coffin. His brother was killed in a car accident on the eve of his wedding. Somehow, the dreamer had been involved in the traffic in which this accident occurred. He was extremely sad about the loss of his favourite and close brother. Boss then created a story or interpretation of the dream or vague memory. The story is basically that this man, according to Boss, is "on the brink of completely killing his humanity—his heart—in the 'traffic' of his overwhelming, intellectual, rational, egotistical business life. He suffered from sexual impotence and emotional depersonalization the patient's existence was tuned down and closed in to an extreme degree. Even in the dreaming state he was open only to the disclosure of the meaning of dying in a world of reckless business traffic, even in regard to that being who was closest to him and whom he had originally been capable of loving." (Boss, 1963, p.265).

So, the story says that this man has now understood that his existence is all about being completely caught in and absorbed by the purely technical, heartless "traffic" of his business life. At the same time, he became aware of the possibilities of other, wider, and more human ways of relating to the world. Another version of the story, according to Boss, is that the brother can be "identified" as a representation of the dreamer's own potentialities

Boss argued that psychoanalytic psychotherapists can never justify the claim that the lions actually "represent" the dreamer's own impulses. Also, the nature and the process of such a projection can never be demonstrated. Psychoanalytic psychotherapists, according to Boss, would also say that this dream was a clear-cut "transference dream" (i.e. the zoo director signifies the analyst) which cannot be warranted or justified (Boss, 1963, 263-264). For Boss, it is important to focus on the immediately given phenomena of the dreamer's world, instead of trying to arrive at symbolic interpretations of the wild animals. To do so "would have been an unwarranted and arbitrary imposition on their genuine phenomenological meaning" (Boss, 1963, p.263).

for loving, which had been killed.¹⁹

The foregoing interpretations are stories, created by existential psychotherapists, which aim to describe a particular event happening in someone's life, of course, from the perspective of existential psychotherapists. One event is that in which a man finds himself feeling anxious. Another event is that in which a man finds himself being engulfed completely by the business world of which he is part. I do realize that these stories are short but that they are only very small parts of much longer stories. The latter would have been revealed through further analysis and interpretations.

In the light of what I have argued thus far, it seems to me that it is reasonable to say that existential psychotherapists do work with vague or ambient memories or fantasies (i.e. assist their clients to articulate their vague memories (dreams)) and, through interpretation, arrive at stories which go with them. Now, if we stay with the original existential psychotherapeutic claim which suggests that if therapists assist their clients to articulate their vague memories and arrive at stories which go with them, therapists in effect create fantasies out of their own imagination, then, we have to conclude that existential psychotherapists in effect create fantasies out of their own imagination, as they assist their clients to explore the dreams of their clients.

One possible way for existential psychotherapists to address the above argument is to show

¹⁹ In terms of the psychoanalytic psychotherapists' interpretations with which Boss disagreed, Boss said that psychoanalytic psychotherapists would probably interpret this dream as a betrayed hidden death wish against the brother. However, Boss said that there are no features of this dream experience which speak of

that this claim is only relevant for psychoanalytic psychotherapists but not existential psychotherapists. That is, if psychoanalytic psychotherapists assist clients to articulate their vague memories and arrive at stories which go with them, psychoanalytic psychotherapists will indeed create fantasies out of their own imagination. Meanwhile, if existential psychotherapists assist clients to do the above, they will not or will less likely create fantasies out of their own imagination. But, how can this claim be justified?

One possible justification comes from the idea that the stories (i.e. the interpretations) that existential psychotherapists arrive at are not derived from therapists' imagination, hence, are not their fantasies. Earlier I spoke of the difference between analytic interpretation and descriptive interpretation (chapter 4). Existential psychotherapists arrive at stories through descriptive interpretation by engaging clients in a descriptively focused process of clarification wherein the manifest material may be "opened up" to mutual investigation. So, the stories are constructed not on the basis of some hidden meanings or fixed truths, guided by some theories or theory-led standpoint of existential psychotherapists. Instead, they are constructed as a result of mutual investigation between existential psychotherapists and clients and clients' challenge or rejection of some hypotheses or theory-derived stance that existential psychotherapists might have suggested. In other words, existential psychotherapists can assist clients to articulate vague memories (e.g. dreams) and arrive at stories which go with them. But these stories are not derived from therapists' imagination or fantasy because of this descriptive interpretation.

On the other hand, when psychoanalytic psychotherapists arrive at stories which go with clients' vague memories (e.g. dreams), their stories, through analytic interpretation, are derived from some hidden meanings or fixed truths guided by some theories of psychoanalytic psychotherapists which are not open to challenge or rejections by clients. In that sense, when psychoanalytic psychotherapists assist their clients to articulate vague memories (e.g. dreams) and arrive at stories which go with them, they are creating stories which are derived from their own imagination or fantasy.

However, I have some difficulties with this justification. One difficulty lies in the fact that just because stories are created on the basis of mutual investigation between existential psychotherapists and clients, does not mean they will not be the products of imagination or fantasy on the part of the therapists or the clients or both, especially when any hypotheses or theory-derived stances of therapists are those that can be challenged or rejected by clients. Let me articulate this further. Let's assume that the following are two stories (interpretations) which go with some vague memories (e.g. dreams) that some alcoholics (These alcoholics claim that they wish to stop drinking but that they simply cannot do it) have had. One story is that through descriptive interpretations, the alcoholics realize that alcohol or a glass of whisky in fact represents a future state of intoxication that they desire. In other words, for these alcoholics to stop drinking, they need to be willing to face an intolerable longing.²⁰

²⁰ I borrow this example from Cohn (1997) when he explains Sartre's notions of prereflective and reflective consciousness. On a reflective level, the alcoholics believe that alcohol is indeed destroying their life. Existential psychotherapists can assist clients to reach the prereflective level which states that alcohol or a glass of whisky in fact represents a future state of intoxication that they desire. So, in therapy, existential psychotherapists wish to assist clients reflect on the prereflective consciousness.

The second story is this. Like the first story, the alcoholics claim that they wish to stop drinking but they simply cannot do it. Through descriptive interpretation, they now realize that they are, in fact, destined to drink (i.e. there is no choice for these clients but to drink; they will always be alcoholics) due to their destiny, their biological make-up, star signs, spiritual guidance of some Mother God of Nature, upbringing and the acceptance and love of the alcoholic community to which they belong. Now, I think it is not unreasonable to say that the second story is rather fantasy-like, at least, in comparison with the first one.

Now, if it is true that the stories that existential psychotherapists arrive at with their clients are constructed, through descriptive interpretation or mutual investigation, not on the basis of some hidden meanings or fixed truths, but instead on the basis of the fact that some of the hypotheses or theory-led standpoints that existential psychotherapists hold are open to challenge or rejection by clients, then, logically speaking, the above two stories are possible. This is precisely because there is no solid ground, fixed hypothesis or theory-standpoint against which therapists and clients can judge the feasibility of the stories.

One could speculate two possible responses from existential psychotherapists to my argument. One might be that it is inconceivable for existential psychotherapists to get to the stage whereby they and their clients would be happy to accept the second story as a possible story to go with their vague memories. In particular, the essence of this fantasy-like story goes against the basic fundamental ideas of existential psychotherapy, i.e. clients will

always have choices in life. The idea that these clients have no choice but to drink or that they will always be alcoholic due to their destiny, surely, is not the kind of message existential psychotherapists tend to encourage their clients to endorse.

The second reaction might be that, while the possibility of creating fantasies is undeniable due to the lack of a fixed hypothesis or theory-standpoint against which therapists and clients can judge the feasibility of the stories, the possibility of creating fantasies is also undeniable when the fixed hypothesis or theory-standpoint is, in itself, fantasy. That is, essentially, existential psychotherapists believe that psychoanalytic psychotherapists' fixed truths or theory-standpoints are in fact fantasies created out of the imagination of psychoanalytic psychotherapists. So, the stories (i.e. the analytic interpretations) which are derived from these fixed truths or psychoanalytic psychotherapeutic theories would, of course, be fantasies.

My response to the above is this. One reason, I think, why it is inconceivable for existential psychotherapists to get to the stage whereby they and their clients would accept this fantasy-like version of a story which goes with their vague memories is that existential psychotherapists, in conjunction with clients, are in fact doing their descriptive interpretations with some implicit "fixed" hypothesis or theory-standpoint in mind (e.g. we always have freedom to choose what to do in life including to stop drinking). There is a limit, for existential psychotherapists, as to how far the fundamental basic assumptions of existential psychotherapy, discussed in chapter 2, can be challenged or rejected.

Now, if it is the case, as it turns out, that existential psychotherapists in fact have some “fixed hypothesis” or theory-standpoint in mind as they engage their clients in descriptive interpretation, then what makes them think that their fixed hypotheses or theory-standpoint is credible and not fantasy while they argue that psychoanalytic psychotherapists’ ones are not credible and are indeed fantasy. Now, I am not sure if existential psychotherapists have ever provided answers to such questions. In fact, I am inclined to think that what I am now asking is unanswerable because this is essentially an empirical question for which I am not convinced existential psychotherapists have answers.

To end this section, let me make one final remark. Existential psychotherapists may say that in the end, if they have to accept my argument that they, like psychoanalytic psychotherapists, indeed assist their clients to articulate their vague memories, arrive at stories which go with them and hence likely generate stories which are fantasies created out of their own imagination, “so what?”. What’s important for existential psychotherapists, they may argue, are the kinds of stories which reflect the here-and-now immediate existential concerns or struggles that clients have, and which reflect the way in which clients are, here-and-now, constructing their world and life for the future, and clients’ patterns of inauthenticity which are, here-and-now, maintaining clients’ separation from being authentic, and the possibility and necessity of clients’ personal decisions, some new personal orientation towards the world and future (i.e. to live life actively) etc.^{21 22 23}

²¹ Existential psychotherapists aim to assist clients to discover the power of being present, here, and immediate. The idea is that only in this moment, here and now, am I alive. All else is, to an extent, speculative. Only now can I make my life different (Bugental, 1978). Yalom talks about the importance of

So, returning to the two stories on the alcoholics described above, to an extent, it does not really matter if one story is more fantasy-like than the other or if both stories are fantasies for that matter. What's important is the fact that the two stories should reflect, say, the alcoholics' immediate and here-and-now existential concerns. For example, story one (the alcoholics realize that alcohol or a glass of whisky in fact represents a future state of intoxication that they desire. In other words, for these alcoholics to stop drinking, they need to be willing to face an intolerable longing) may reflect the alcoholics' here-and-now choice of facing up to suffering, i.e. choosing to abandon the future state of intoxication that they desire but face up to intolerable longing. Story two, the one which is fantasy-like (the alcoholics realize that they are destined to drink, due to their biological make-up, star signs, spiritual guidance of some Mother God of Nature, upbringing and the acceptance and love of the alcoholic community to which they belong) may reflect the alcoholics' here-and-now fear of facing up to responsibility etc.

My brief response to the above is this. Surely, if what matters for existential

living in the present in which he said "Existence cannot be postponed. Many patients with cancer report that they live more fully in the present. They no longer postpone living until some time in the future. They realize that one can really live only in the present; in fact, one cannot outlive the present--it always keeps up with you. Even in the moment of looking back over one's life--even in the last moment--one is still there, experiencing, living." (p.161).

²² Existential psychotherapists aim to assist clients to become more present in the clinic and ultimately in their lives. To be fully present during therapy is indeed a major challenge for both therapists and clients. Clients are encouraged to bring their struggles into the clinic which will then be addressed in real time, in the here-and-now in the clinic. This can take the form of focusing on immediate concerns or free associating or of paying attention to imaginary feelings and body sensations. Existential psychotherapists refer to this inner exploration as 'the search process'. (Yalom & Bugental, 1997)

²³ When clients suddenly grasp the meaning of some past or future events in the present, grasp the new meanings which reflect the possibility and necessity of their personal decisions, their new personal orientation towards their world and future, they, in moments like this, experience the most heightened awareness, i.e. the "aha" experience (May, 1983).

psychotherapists is that the stories reflect the here-and-now for clients (in terms of the way in which they here-and-now construct their world and future etc), then, why do existential psychotherapists initially find problematic the psychoanalytic psychotherapeutic approach (i.e. psychoanalytic psychotherapists assist their clients to work with inarticulate or vague memories and to arrive at stories or fantasies which go with these memories)? This is because when psychoanalytic psychotherapists create stories to go with clients' vague memories, they precisely want the stories to reflect some here-and-now struggles of their clients. For example, Freud (1917) spoke of a lady who suffered from a severe obsessive neurosis. She had to repeat a particular ritual many times a day in which she would run from one room to another one and sit in a particular position beside a table, ring the bell for her housemaid and send her away to do some jobs. She would then run back into her own room. There was a big red stain on the tablecloth and this lady would sit in a way that the stain would immediately be apparent to the maid when she was asked to enter the room. Later Freud was told by this lady that her husband was impotent on their wedding night. He kept trying unsuccessfully to have sexual intercourse with her by running from his room to hers several times during the wedding night. He then felt ashamed about this and felt worried that his housemaid would find no evidence of sexual intercourse. So, he then poured some red ink over the sheet but not in the right place.

Now, Freud created a story to explain this lady's account. He explained that the lady was identifying with her husband by running from room to room. The table and tablecloth symbolized the bed and bed sheet. So, the obsessive ritual was an attempt to represent or

repeat the wedding night. By asking the housemaid to come into the room and notice the stain, the lady was not only repeating the wedding night but also putting the stain in the right place. Freud then went on to explain that through this obsessive ritual, this lady in fact wanted to express a wish or desire to deny her husband's impotence. That is, it was not true that her husband was impotent and so there was no need for him to feel ashamed in front of the maid.

Now, it seems to me that Freud was precisely revealing some here-and-now struggles of the lady by creating and interpreting a story which went with her account. Assuming that Freud is now with this lady in his therapy room, by creating and interpreting a story which goes with her description of her obsessive neurosis, Freud is basically making her realize some of her here-and-now struggles. That is, she is here-and-now struggling to accept and come to terms with her husband's impotence, or struggling perhaps to deceive herself into thinking that the wedding night was not a disaster etc. He is also making her realize why she here-and-now cannot let go of her severe obsessive neurosis.

6.4 The unconscious: an excuse for not examining oneself?

Existential psychotherapists are clearly critical of the psychoanalytic psychotherapeutic notion of the unconscious which is, to them, a vague, imprecise, abusive and colourless depth. In fact, as was mentioned in the previous chapter, Boss was so critical of it that he thought it should be abandoned.²⁴ If we believe in the psychoanalytic psychotherapeutic

²⁴ According to Boss, there are no unconscious strivings, no unconscious emotions and thoughts and indeed no

notion of “the unconscious”, according to existential psychotherapists, we in fact create an excuse for not investigating, clarifying or understanding certain complex things about ourselves (i.e. an easy way out of self-examination). Instead, we simply blame the unconscious for them. One point that needs to be made explicit about this claim, is its relation to the notion of responsibility. That is, the notion that clients create an excuse for not investigating, clarifying or understanding certain complex things about themselves, by dwelling on the notion of the unconscious, existential psychotherapists, in part, mean that clients do not want to investigate or examine themselves and do not want to accept their own responsibility for their personal issues. Rather, they want to avoid taking responsibility for their personal issues by saying that they are victims of unconscious forces.

I now wish to examine this claim and argue that it is simply not true that if clients believe in the psychoanalytic psychotherapeutic notion of “the unconscious”, they in fact avoid responsibility for their personal issues and avoid investigating or understanding certain complex things about themselves (i.e. an easy way out of self-examination). On the contrary, I wish to argue that clients do indeed examine or seek to understand certain complex things about themselves, precisely by looking at them in the light of the psychoanalytic psychotherapeutic notion of the unconscious.

Let’s consider one simple example described by Freud (1901) in his *The Psychology of the Everyday Life*. Freud talked about bungled actions (*Vergreifen*) which “describe all the cases in which a wrong result – i.e. a deviation from what was intended – seems to be the

provable assumptions of the unconscious, psychic representation in the minds of our clients.

essential element” (Freud, p.215). Freud mentioned the following example:

“It is very rare for me to break anything I cannot therefore recall any object in my house that I have ever broken. Shortage of space in my study has often forced me to handle a number of pottery and stone antiquities (of which I have a small collection) in the most uncomfortable positions, so that onlookers have expressed anxiety that I should knock something down and break it. That however has never happened. Why then did I once dash the marble cover of my plain inkpot to the ground so that it broke? I sat down at the desk to write, and then moved the hand that was holding the pen-holder forward in a remarkably clumsy way, sweeping on to the floor the inkpot cover which was lying on the desk at the time.

The explanation was not hard to find. Some hours before, my sister had been in the room to inspect some new acquisitions. She admired them very much and then remarked: ‘Your writing table looks really attractive now; only the inkstand doesn’t match. You must get a nicer one.’ I went out with my sister and did not return for some hours. But when I did I carried out, so it seems, the execution of the condemned inkstand. Did I perhaps conclude from my sister’s remark that she intended to make me a present of a nicer inkstand on the next festive occasion. and did I smash the unlovely old one so as to force her to carry out the intention she had hinted at? If that is so, my sweeping movement was only apparently clumsy; in reality it was exceedingly adroit and well-directed” (Freud, 1901, 220-221)

In the light of the foregoing example, it seems to me that it is simply not true that Freud avoided accepting responsibility for and avoided investigating, clarifying or understanding certain complex things about himself. Quite the contrary, a trivial example such as this illustrates that he was trying to examine or understand himself by understanding how his own bungled action occurred unconsciously, i.e. how he acted in such a manner unconsciously because of his unconscious belief about his sister's intention to give him a present of a nicer inkstand etc. Similarly, it is not true to say that clients avoid accepting responsibility by believing that they are victims of unconscious forces. Instead, they do accept their responsibility to investigate themselves which involves examining how the unconscious forces or beliefs affect them. Just because they believe that they are being affected by some unconscious forces does not mean to say that they necessarily avoid responsibility for examining themselves. In fact, one could argue that for clients to be aware of the fact that their behaviour is being affected by some unconscious forces suggests that a step has already been taken in examination of oneself.

One response to the above claim is to discredit the validity of the so-called self-examination. That is, such a psychoanalytic psychotherapeutic form of self-examination, i.e. analyzing oneself in the light of one's unconscious materials, is not a true self-examination but a form of self-delusion, i.e. deluding oneself into thinking that one is doing a true self-examination when in fact one is simply confusing, misleading and misguiding oneself by entering into a vague, imprecise, abusive and colourless depth (Deurzen-Smith, 1997). Deurzen-Smith said "It is a pity that concepts such as the unconscious, which once

served a purpose of drawing the attention to missing levels of awareness, get used in such abusive and imprecise ways. It is still all too frequent that one is reproached for slipping on a word or forgetting someone's name as if this was a sin committed by one's unconscious. The man who forgets his umbrella in his analyst's office is terrified to be told that he wants to attack his analyst and invade his privacy with his phallus, when the poor man may just have been so preoccupied with the discussion in the session that his attention was simply not on retrieving his umbrella at that moment." (Deurzen-Smith, 1997, p.216).

The foregoing passage implies that as far as existential psychotherapists are concerned, for clients to explain their behaviour (i.e. forgetting the umbrella in the analyst's office) in terms of the unconscious desire to attack the analyst, invade his privacy with their phallus etc would be an attempt to confuse, mislead, misguide and indeed delude themselves rather than truly examine themselves. But, is the existential psychotherapeutic explanation (i.e. the client forgot their umbrella because of their preoccupation with the discussion in the session) a result of a true self-examination? One could argue that one is fooling oneself if one accepts the existential psychotherapeutic straight-forward and indeed common sense explanation as that which results from true self-examination. Some people may argue that the explanation that existential psychotherapists have come up with can hardly be called the result of self-examination because it does not require any degree of serious examining of oneself and is simply too trivial, therapeutically uninteresting and indeed non-insightful, hence, an explanation which can hardly be considered to have resulted from a process of true self-examination. On the other hand, some clients who have fallen in love with their

therapists or who have obsessive lustful thoughts about their therapists might think that the psychoanalytic psychotherapeutic explanation (i.e. forgetting the umbrella was an unconscious desire to invade analyst's privacy with his phallus etc), despite its mystical, strange and unpopular appearance, is hardly trivial but insightful and probably results from having gone through a process of true self-examination.

One implication from what I have been arguing is that true self-examination does not depend on the nature of the explanation that clients arrive at in order to explain their behaviour. Whether or not the explanation is characterized by some vague, mystical or colourless depth (e.g. the notion of the unconscious) or by straightforward, taken-for-granted common sense does not define true self-examination. But judging from the existential psychotherapeutic claim which forms the basis for the discussion in this section (i.e. if we believe in the psychoanalytic psychotherapeutic notion of "the unconscious", we in fact create an excuse for not investigating or understanding certain complex things about ourselves [i.e. an easy way out of self-examination]), existential psychotherapists seem to have placed emphasis on the nature of the explanation (i.e. the unconscious) as the basis for defining true self-examination. Instead, I am inclined to think it is more helpful to define true self-examination in terms of clients' genuine or serious attitude toward seeking the explanation about themselves. That is, for clients to commit themselves seriously and genuinely to gaining understanding of themselves in the light of therapeutic explanations, including that of the unconscious, is that which defines true self-examination. That is, as long as clients are serious about searching for psychoanalytic psychotherapeutic

explanations about themselves, I think it is justified to say that the psychoanalytic psychotherapeutic form of self-examination is true self-examination.

6.5 The unconscious is found within a wider human capacity for consciousness

Being critical of the psychoanalytic psychotherapeutic notion of the unconscious does not mean that existential psychotherapists do not accept any other forms of it. Existential psychotherapists have in fact come up with their own notion of it. As far as I can see, their notion of the unconscious has a strong emphasis on self-consciousness in which they claim that the unconscious would have to be placed within a wider human capacity for consciousness. The reason why we are seemingly not conscious of certain experiences is because, according to existential psychotherapists, we cannot reflect upon, or pay attention to everything at once (i.e. some objects are always out of our intense focal scrutiny or reflection). But this does not mean that these things which we cannot pay attention to are out of our consciousness.

Given the foregoing, I now wish to take issue with the approach that existential psychotherapists take to conceptualize the notion of the unconscious. Let's consider it in the context of driving a car. Assume that you are driving home while listening to your car radio. You may not be conscious of the fact that you have been changing gears. That is, you have been focusing on X (i.e. listening to the radio) but not Y (i.e. changing gears). This does not mean that changing gears has been out of your consciousness. How do you

know that? You know that by being able to switch your focus, quickly and naturally, from listening to the radio to changing gears (e.g. your wife has decided to turn off the radio and once the radio is off, your attention is switched quickly and naturally to changing gears). You also know that by knowing that you have done quite a few miles on the motorway (i.e. you must have been changing gears during the period when you were listening to the radio). As far as I can see, this captures the approach that existential psychotherapists take to conceptualize the unconscious in the context of therapy.

Now, what I find difficult is that in this context of driving a car, to conceptualize the notion of the unconscious makes sense. But, in the context of therapy, the same approach of conceptualizing the notion of the unconscious does not seem to make sense. Let me explain. Let's suppose that clients are recalling some important insights that they have gained in therapy and that they had never known prior to entering into therapy. These insights are about why they have so much anger in themselves which has been affecting their relationship with their spouse. According to the clients, at some stage during therapy, they were focusing on a certain aspect of themselves (call it aspect 1) (e.g. their experience with their parents who imposed a great deal of expectations upon them). By focusing on aspect 1, they gained insight (call it insight 1) into why they were angry (e.g. their anger seemingly resulted from the fact that they had to be inauthentic to themselves by suppressing their desire to pursue their dreams but working towards fulfilling the expectations of their parents). Then, at some point during therapy, they switched their attention from focusing on aspect 1 of themselves to another aspect (call it aspect 2)

which was their difficult relationship with their spouse. In so doing, they gained insight 2 into why their anger was affecting their relationship with their spouse (e.g. their spouse was also imposing a great deal of expectations on them which they felt obliged to fulfil).

So, according to the existential psychotherapeutic notion of the unconscious, one would say that when clients were focusing on aspect 1 which led to insight 1, they were not focusing on aspect 2 which led to insight 2. However, just because they could not focus on aspect 2 (because they were focusing on aspect 1), this did not mean that aspect 2 and insight 2 which followed were out of their consciousness. But, how do they know that? Surely, they cannot know it in the same way that they know, say, that they have been changing gear. They cannot say that aspect 2 and insight 2 which followed are not out of their consciousness because they are able to switch their attention quickly and naturally from aspect 1 to aspect 2 and insight 2 which followed (like switching focus, quickly and naturally, from listening to the radio to changing gear). The fact is that both therapists and clients often do not know where the therapy is heading and which aspects of their clients they should focus on, let alone know how to switch quickly and naturally from some specific aspects of clients' lives to other specific aspects of clients' lives. Neither can they say that they know that aspect 2 and insight 2 which followed have not been out of their consciousness because they have proof that they have accomplished certain things from which they can infer that aspect 2 and insight 2 must have been in their consciousness (like having proof that you have done quite a few miles on the motorway from which you can infer that you must have been changing gears. i.e. changing gears

must not have been out of your consciousness). The point is that seemingly, in the context of therapy, to conceptualize the notion of the unconscious in the approach that existential psychotherapists take (which is similar to the notion of the unconscious when one is driving) is inappropriate. This then begs the question of whether the approach in which existential psychotherapists conceptualize their notion of the unconscious is fundamentally flawed.

Let's now consider the existential psychotherapeutic claim that the unconscious is found within a wider human capacity for consciousness from a different angle. In particular, I want to focus on the case study of June described by Spinelli. Just to remind ourselves, echoing the above, Spinelli claimed that even the knowledge, memories and behaviour, which are split off or compartmentalized through dissociation, can potentially be knowable, retrievable or be re-associated (i.e. can be conscious). An example of this is June who, through association, had split off her abuse (i.e. her abuse was unconscious to her) at the time of exploring the chessboard dream image but who admitted later that she had known the abuse all along (such seemingly unconscious abuse through dissociation was in fact within her capacity for consciousness, i.e. even the split off abuse through dissociation is knowable, retrievable or re-associated).

But, let's look more closely at what happened in the case of June. When the therapist was initially exploring this dream image (i.e. chessboard) with June, we were informed that it was distressing in the sense that she could not sleep properly as a result of this image, that

the image would give her a startle response and wake her up, and that she felt anxious, scared, dizzy and nauseous when talking about the image. Then, at some point during the exploration of the dream image, she experienced a shock reaction and began to cry because she had “suddenly” become “conscious” of the fact that the dream image was in fact the basement floor on which she was abused sexually.

Now, it seems to me that prior to her shock reaction, although she had known the forgotten abuse all along (i.e. the abuse had happened to her), she was “not” conscious of the fact that the dream image was the basement floor which, in turn, meant that she was not conscious of the fact that the dream image was related to the sexual abuse. In other words, the link between the dream image, her anxiety and psychosomatic reactions associated with the dream image and sexual abuse was something which was out of her consciousness prior to her shock reaction. That is, before her shock reaction, when she was reflecting on the dream image, she could not have chosen to switch from such-and-such to that link, the reason being that the link was indeed “out of her consciousness”. She could not have said she had known the link all along, despite the fact that she had known her abuse all along. Such sudden insight (i.e. insight into the link) was indeed out of her consciousness.

It is worth noting the importance of the discovery or uncovering of the link, as far as therapy is concerned. After the link was revealed to June, she seemed to improve, i.e. she slept a lot better and could dream properly. I would also assume that her psychosomatic

reactions (e.g. startle response, anxiety, scared feeling, dizziness, nausea associated with talking about the image) would have improved significantly as a result. Meanwhile, the fact that she had known the abuse all along did not make her sleeping problem and psychosomatic problems go away. That is, what was in her consciousness did not improve her well-being, while what was hidden from her consciousness (the link) was that which ultimately improved her well-being, once it was uncovered.

The important implication is then that June benefited most from something which she had not known all along in her consciousness but which was “recovered”, “revealed”, and was suddenly brought to her attention (i.e. a sudden insight) as opposed to something which was “retrieved” or “re-associated consciously”. That is, one should not undermine the importance of the emergence of, in psychoanalytic psychotherapeutic language, the latent material which is hidden within us. Another implication is that to emphasize claim that her abuse is not out of her consciousness (hence, the claim that the unconscious is found a place within a wider human capacity for consciousness) could mean missing a crucial point as far as therapy is concerned. To an extent, the fact that her abuse is not out of her consciousness is perhaps a peripheral phenomenon on which one should focus. It seems to me that highlighting the importance of such a peripheral phenomenon could possibly serve as a barrier to recognizing, discovering or revealing new insights into oneself. This is because to focus on what one has always known or has always been conscious of (the peripheral phenomenon) may take one’s focus away from discovering something hidden or “unconscious” about oneself (i.e. discovering new insights into oneself, particularly the

kind of sudden new insight experienced by June).

Now then, let me stay with the notion of gaining new insights and take the argument a bit further. The term “new insights” imply that they are those of which clients were not conscious previously. If they had been known to clients, they could not have been “new insights”. That is, these new insights were indeed out of clients’ consciousness and were not retrieved or re-associated consciously. I wish to clarify that I am talking about gaining new insights into oneself as opposed to someone being insightful. Of course, I do not deny that both situations go hand in hand. To say that so-and-so is insightful about, say, bringing up children, is to say that that person has already got some insight into different ways of bringing up children. But I have been talking about someone who did not have such-and-such insight previously but has now got it.

Now, I think I am right in saying that existential psychotherapists do believe in gaining new insight into oneself. The fact is that if existential psychotherapists do not believe in clients’ ability to gain insight into themselves, how can they do therapy? After all, much of therapeutic progress is about assisting clients to gain insight into themselves. So, I think it is safe to assume that existential psychotherapists do believe in the possibility of clients gaining insight into themselves. If existential psychotherapists believe that clients can gain, for example, the kind of sudden insight that June gained, then the question is what bearing new insights would have upon the claim that June’s abuse had always been part of her consciousness.

I think one possible bearing is this. The new insights that clients gain could affect or change the nature of any previous knowledge that they had about themselves. The new insight that June obtained with regard to the link between the dream image, sexual abuse and psychosomatic problems could, theoretically speaking, affect her knowledge of the sexual abuse that she had admitted previously. Let me give a hypothetical example. For example, the new insight that June gained could make her realize that admitting that she had known her abuse all along was in fact mistaken. The new insight could have made her realize that calling that experience on the basement floor an experience of sexual abuse was not straightly true. She might in fact have felt infatuated with the man, she might have invited him to a large extent to be close to her and showed no resistance to sexual advancement from him (this is purely hypothetical and bears no relation to the factual details of the life story of June). The implication is then that the initial claim that her sexual abuse was not out of her consciousness and that she had always known about the sexual abuse was in fact false. It was false because the notion of sexual abuse in fact did not exist. Instead, what she thought she had always known in her consciousness was in fact a distortion of reality and what really happened to her in reality was out of her consciousness, hidden somewhat. Only through a new insight sometime later did she realize that she had distorted what actually happened to her. There is no reason to assume that she had known such distortion of reality all along (i.e. such distortion was out of her consciousness).

Thus, in using this hypothetical example, the point I am really making is that any new insights into oneself could change previous knowledge that one had about oneself which could falsify the previous knowledge. In turn, this means that to say that certain previous knowledge has always been in one's consciousness could be false because such knowledge may not have existed in the first place. Hence, the existential psychotherapists' claim that the unconscious is found within the consciousness could in fact be without solid basis. While clients can claim that they have known experience X all along, which means that experience X is not out of their consciousness. they can never be confident about the validity of such a claim because it is possible that in the light of new insight, they may have to admit it to be false. Experience X may not have existed in the face of new insights. Contrary to what they first thought, they had not known experience X all along.

6.6 Summary

In this chapter, I continued to focus on existential psychotherapists' views on some psychoanalytic psychotherapeutic concepts by examining the way existential psychotherapists look at the notion of the unconscious. I began by examining Frankl's notion of the spiritual unconscious. After describing what spiritual unconscious entailed, I argued that this notion of the unconscious was in fact inconsistent with general existential psychotherapeutic thinking, an example of which is May's "I am" experience. I argued that the foundation of our human existence which is unconscious to us (according to Frankl) is

effectively the center of our unique experience (i.e. the I am experience) which is conscious to us (according to May). Clearly, what Frankl was suggesting was in conflict with general existential psychotherapeutic thinking characterized by May's ideas.

I then moved on to show some internal inconsistencies in Frankl's notion of spiritual unconscious. I proposed three inconsistencies. Firstly, if the foundation of our human existence (unconscious to us) is indeed the center of our unique human experience (conscious to us), it makes it impossible to know whether we do preserve or affirm the center of our unique human experience, hence, the foundation of our own human existence, since the latter is an unconscious phenomenon. Secondly, I focused on Frankl's claim that the foundation of our human existence (unconscious to us) can somehow decide or discern intuitively (i.e. make a judgment on) whether, for example, our personal experiences are conscious or unconscious. Using the example of "I am in pain", I simply argued that since I am unconscious of the foundation of my own human existence's intuitive decision on or discernment of my own personal experience, I cannot be certain whether the personal experience of me crying "I am in pain" is actually a conscious or unconscious experience, even though it appears to me without doubt that it is the former. Surely, this is absurd. The third inconsistency focused on Frankl's claim that when we become existentially authentic, our conscience will stem from the foundation of our human existence and will decide and discern in certain ways. I argued that we might be mistaken about knowing that we are existentially authentic. If so, our conscience would also be mistaken in deciding and discerning intuitively that p.

After having examined Frankl's spiritual unconscious, I moved on to describe some general existential psychotherapeutic views of the unconscious. I examined the existential psychotherapeutic claim that if therapists such as psychoanalytic psychotherapists insist on asking clients to articulate their vague memories and on arriving at stories which go with them, psychoanalytic psychotherapists would likely create fantasies out of their own imagination. I argued that paradoxically, existential psychotherapists are those therapists who do in fact assist their clients to articulate their vague memories (e.g. working with dreams) and do arrive at stories which go with these vague memories (because existential psychotherapists inevitably make interpretations in therapy). What follows is then that existential psychotherapists are also likely creating fantasies out of their own imagination.

I then considered the existential psychotherapeutic claim that believing in the psychoanalytic psychotherapeutic notion of the unconscious means that we create an excuse for not investigating, clarifying or understanding certain complex things about ourselves. That is, we wish to have an easy way out of self-examination and simply want to blame the unconscious for them. I argued that clients do indeed examine themselves, and clarify or understand certain complex things about themselves precisely by understanding them in the light of the psychoanalytic psychotherapeutic notion of the unconscious.

In the final section of this chapter, I pursued the existential psychotherapeutic claim that the unconscious is found within a wider human capacity for consciousness. I began by arguing

that the approach that existential psychotherapists take to conceptualize the notion of the unconscious in the context of therapy was inappropriate or made very little sense. One could easily see why this was the case when one applied the same approach to the driving of a car. I then focused on the case study of June through whom Spinelli demonstrated the idea that even knowledge, memories and behaviour which are split off or compartmentalized through dissociation can potentially be knowable, retrievable or be re-associated (i.e. can be conscious). However, a further examination of this case suggested that she was “unconscious” of the link between the dream image, her anxiety and psychosomatic reactions associated with the dream image and sexual abuse, despite the fact that she had known her abuse all along. Meanwhile, it was therapeutically important to have uncovered this link. I also argued that since existential psychotherapists believe in assisting clients to gain new insights into themselves, they would have to confront the reality that these new insights could affect or change the nature of any previous knowledge that clients had about themselves. In the case of June, the new insights could change the nature of her previous knowledge about her sexual abuse. They could have made her realize that the initial claim that her sexual abuse was not out of her consciousness and that she had always known about it was in fact false. In other words, this creates problems for the claim that the unconscious is found within consciousness.

Chapter 7 Self-Consciousness

Existential psychotherapists place a great deal of importance on the notion of self-consciousness and clients' ability to enhance it. In the last chapter, we saw one example of their attempt to defend the importance of self-consciousness in their claim that the unconscious is found within a wider capacity of human consciousness. May (1969, 1979, 1983) claims that psychotherapy starts from self-awareness or consciousness. The more clients become aware or conscious of themselves, the more they gain insight into themselves, and the more they will experience and choose freely. different possibilities. In turn, they can act upon and be responsible for the possibilities that they choose for themselves. In this chapter, I wish to demonstrate that this existential psychotherapeutic notion of self-consciousness is a dubious concept, especially in the context of psychotherapy.

I wish to discuss my arguments in the light of the human phenomenon of self-deception. To keep consistent with their general beliefs, existential psychotherapists would say that self-deception is a conscious phenomenon. However, there are, I believe, conceptual difficulties which existential psychotherapists have not addressed when they view self-deception as a conscious phenomenon. In addition, in this chapter, I wish to examine the way in which some existential psychotherapists assist their clients to enhance or widen self-consciousness. I will argue that the way they assist their clients is highly dubious with regard to its validity. It seems to me that with assistance from these existential

psychotherapists, clients could go so far in exploring or enhancing their self-consciousness that they essentially arrive at fantasy.

7.1 Self-deception as a conscious process: Sartre and Fingarette

Let me begin by focusing on the conceptual difficulties for existential psychotherapists in viewing self-consciousness in the light of self-deception, i.e. in viewing self-deception as a conscious phenomenon. Before I begin my arguments, however, let me give a brief account of existential psychotherapists' exposition of self-deception as a conscious phenomenon. It is only natural for existential psychotherapists to adopt the position that when clients deceive themselves, they do so within a conscious process. This is because existential psychotherapists wish to defend the importance of self-consciousness and to assist their clients to enhance it. This is also because existential psychotherapists disagree with the psychoanalytic psychotherapeutic notion of the unconscious (see previous chapter) in which clients deceive themselves unconsciously. But how do existential psychotherapists justify the fact that self-deception is in fact a conscious process? To do so, existential psychotherapists (e.g. van Deurzen-Smith, 1988, 1997, 1998; Spinelli, 1994), have basically adopted Sartre's (1958) notion of bad faith (*mauvaise foi*).

Very briefly, as was mentioned in an earlier chapter, psychoanalytic psychotherapists speak of the Freudian notion of repression in which our minds are composed of an ego/consciousness and an id characterized by instincts, drives and impulses. These instincts, drives and impulses are originally unconscious, but reveal themselves to our

consciousness as “conscious symbols”. At the border between the conscious and the unconscious, there is a part of us acting as a “censor” which determines which desires, drives and impulses should enter into consciousness and also determines the form which our instincts, drives and impulses appear as facts of consciousness. In other words, this censor is able to access cognitively instincts, drives and impulses and know the truth about them. The instincts, drives and impulses in the border will remain unconscious until they are passed by the censor. Those instincts, drives and impulses which are pushed back to the unconscious are called repressed. For example, if a conscious experience is too painful, it can also be repressed, i.e. pushed into the unconscious. Despite the impulses being repressed, they will continue to be active and affect behaviour and be responsible for the manifestation of neurotic symptoms.

Now, Sartre objected to the foregoing model and argued that the censor can, essentially “know consciously” what it is repressing, and know how it is choosing or discriminating between impulses. The reason for using the word “consciously” is that the censor would need to make a decision that certain things can or cannot enter into the conscious. To make this decision implies a process of consciousness. So, for Sartre, repression should be seen as an aspect of consciousness rather than as unconscious. In terms of clients receiving therapy, Sartre implies that clients are in fact conscious of what has been repressed; however, they refuse to notice it. This is why they will manifest resistance when therapists persist in trying to bring a repressed impulse to the realm of consciousness.

So, for Sartre, the notion of the unconscious is inadequate and Sartre preferred to use the term bad faith (*mauvaise foi*) or self-deception. It means that instead of thinking that certain things are repressed because they cannot be dealt with or faced up to in our consciousness, we want to describe them as unconscious because we want to disclaim them. That is, the notion of repression can now be substituted by the term avoidance in that we want to avoid the kinds of things that we cannot bear to focus our conscious attention on. So, for Sartre, the notion of self-deception characterized by bad faith is in fact a conscious phenomenon.

To adopt Sartre's position, existential psychotherapists (e.g. Spinelli, 1989, 1996; Deurzen, 1999) suggest that, by living in bad faith, clients deceive themselves (self-deception) by denying or avoiding their own freedom or responsibility and choices in their own actions but believing that they can only react passively to externally predetermined influences. They pretend that their personal situation and character have been moulded or determined by life to the extent that they have no choices left. Living in bad faith enables clients to deny or avoid their own potential by claiming that this potential can never be fulfilled because of, for example, the way they were brought up, the class or culture in which they live etc. Also, in living in bad faith, clients deceive themselves by pretending to be solid and definite, somewhat similar to objects, which consequently helps them avoid facing up to their own nothingness and mortality.

To live in bad faith or to deceive oneself is to live inauthentically in order to avoid the experience of angst.¹ Existential psychotherapists believe that although to live in bad faith and thus live inauthentically is an inevitable part of who we are, we can consciously choose not to be engulfed by inauthenticity but to come out of it. We can choose consciously to confront our own anxiety and face up to our own fate, destiny and indeed mortality.

Existential psychotherapists believe that such self-deception or bad faith is the central focus for their therapy because “many of the issues that clients present reveal their attempts to avoid angst in any number of ways. For instance, clients might express a view of themselves, or their identity, as defined by certain fixed characteristics, attitudes, patterns of thought and so forth, and, when experientially confronted with evidence to the contrary, or with experiences that expand the “meaning” they have given themselves, they reject, or disown, the evidence in order to maintain their fixed meaning rather than accept the evidence and re-shape or extend their meaning of themselves. In doing so, such individuals deny the possibilities of experiential freedom, or choice, that they have available to them. (Spinelli, 1996, p.184-185).

If existential psychotherapists have truly adopted Sartre’s position, they would have to say that the notion of self-deception described above is a conscious phenomenon. That is, clients are “conscious” of themselves avoiding facing up to and indeed denying their freedom, responsibility and choice (because they cannot bear to focus their attention on

¹ Existential psychotherapists believe in this notion of angst which refers to the inevitable existential anxiety of being. We experience such anxiety when we accept that there is no meaning in the world apart from that

it). They are also conscious of themselves pretending that their personal situation and character have been determined by life to the extent that they have no choice, denying their own potential, and indeed living in bad faith and inauthenticity.

However, it seems illogical to say that clients are deceiving themselves when they are conscious of the fact that they live in bad faith and that they wish to avoid focusing on the things that they cannot tolerate. That is, one might question how clients can deceive themselves when they are conscious of the fact that they are deceiving themselves by living in bad faith. To put it another way, let's suppose that we love ice-cream. When we deceive ourselves about our attitude toward ice-cream (we want to deceive ourselves because we can't tolerate the thought of getting fat), we mean that we tell ourselves something false or induce a false belief (i.e. we don't like ice-cream). But how can we lie to ourselves that we don't like ice-cream, when are conscious of the fact that we are in fact creating this particular false belief for ourselves. We know all along that we do in fact like ice-cream.

Similarly, how can clients deceive themselves by saying that they, for example, have no potential, when they are conscious of the fact that they simply create this false belief that for themselves (i.e. they know that it is not true that they do not have any potential)? They deceive themselves because they simply cannot tolerate the hard work and responsibility involved in fulfilling their potential. Seemingly, self-deception, as a conscious process, is not possible.

which we create, that there is the unknown, the uncertainty and indeed nothingness, as we die.

Existential psychotherapists would argue that I find such a notion of self-deception illogical because I have this notion that deceiving oneself should be a phenomenon in which one is not conscious of what one is doing. True self-deception would mean that we cannot be conscious of ourselves creating a false belief for ourselves. Existential psychotherapists basically argue that we should not think about self-deception in that way. Instead, we should think that we can indeed deceive ourselves and be “conscious” of the fact that we are doing so.

Then, the question is: how does one do it? One side of us says that we have no potential for anything. Another side keeps reminding us that we are consciously creating an excuse or a false belief for ourselves. How can we live with ourselves or carry out our daily tasks without being disturbed by this conflict in ourselves? When Bill Clinton faced the media and indeed the world and claimed boldly that he had never had sexual relations with Lewinsky, he must have been able to “shut away” the side of him which said that he was creating a false belief for himself. At least, he must have been able to reduce substantially the degree of intrusion of that side of him, when making that claim. How did he manage to do this? A simple answer from existential psychotherapists is that he would have consciously chosen not to focus on what was so intolerable to him. Instead, he would have focused on other tolerable things, like finding a way to convince the world that he had not committed adultery.

That is, according to existential psychotherapists, to deceive ourselves, we can consciously choose to focus on the foreground knowledge (the tolerable knowledge) that

for example, our personal situation and character is determined by life circumstances, that our potential can never be fulfilled because of our upbringing, class, culture etc, and that we are solid and definite. In so doing, we are not focusing on the background (intolerable knowledge) that we are free and responsible for fulfilling our own potential, that we are mortal and are the only ones who can create meaning for ourselves. Focusing on tolerable rather than intolerable knowledge in order to help deceive ourselves is an entirely conscious process.² To consciously engage in such process is to deceive oneself, i.e. live in bad faith. As far as I can see, this is how, according to existential psychotherapists, we can deceive ourselves (e.g. focusing on the foreground knowledge that we cannot fulfil our potential because of the way we were brought up) while “conscious” of the fact that we are creating a false belief for ourselves (e.g. choosing consciously not to focus on the background knowledge that we have freedom and responsibility to fulfil our potential).

To justify further this position, existential psychotherapists could make use of the philosophical view of self-deception held by Herbert Fingarette (1998) who has argued for a version of self-deception which has intriguing parallels with that of existential psychotherapy. Fingarette argues that there is nothing puzzling or problematic about this phenomenon of self-deception. Instead, he thinks that “self-deception is as ordinary and familiar a kind of mental activity as one can imagine. The result is unusual, but the way it is managed needs no more explaining than any normal, familiar and everyday activity of the mind.” (p.289). He argues that the paradox of self-deception (e.g. the paradox that

² Existential psychotherapists made this point and I discussed problems in association with it in the previous chapter.

I started this discussion with, that it seems illogical that clients can deceive themselves when they are conscious of the fact that they are creating a false belief in themselves) originates from the failure to understand “how our minds ordinarily, normally and familiarly work in every waking moment” (p.290). To Fingarette, once we understand how our minds work in general, the concept of self-deception will no longer be problematic.

So, according to Fingarette, how does the mind work? He admits that the way he conceptualizes it is ordinary and familiar to all of us. But he believes that the significance of this ordinary and familiar way of conceptualizing how the mind works cannot be ignored. Using the example of doing writing, he says that when he is doing writing, he *takes account* of the complex and varying physical and orthographical requirements for putting his thoughts on paper, but *does not focus his attention* on these things. Instead, all his attention is focusing on his thoughts, choosing words etc. Once he has the words in mind and writes them down, the writing itself is ‘automatic’. The point that he is making is that we can take account of something without necessarily focusing our attention on it. That is, “we can recognize it, and respond to it, without directing our attention to what we are doing, and our response can be intelligently adaptive rather than merely a reflex or habit automatism.” (Fingarette, 1998, p.291).

He then goes on to elaborate on what he means by “our response can be intelligently adaptive”. Fingarette says that he can switch his attention from one thing (e.g. his thoughts) to another (e.g. his wife’s car coming down the driveway). The reason for this shift of

attention is that he wants to deliver a message to her. Similarly, there is a reason for not turning attention to other things such as the details of his finger motions when he is writing because to do so would distract his writing. That is, he can intentionally³ resist focusing on X, Y and Z, and can do something intelligently adaptive. He said “I meant to do it; it was not inadvertent. I had a purpose, and a reason for having that purpose. It was an effective exercise of my wish not to be annoyed by the noises, not to let them come to my attention unless some noise was identified that was relevant to my current interests. It has all the characteristics of what we call intentional behaviour, except that it is not ‘conscious’,⁴ that is, it was something I was doing without directing my attention to it.” (1998, p.292-293).

Fingarette believes that self-deception should be understood in the light of the above description of the working of the mind. According to Fingarette, the reason for the paradox or the puzzle surrounding the notion of self-deception is their misunderstanding of the nature of the aforementioned normal mental activity. People think that self-deception is paradoxical because they are mistaken in thinking that everything of which we are currently taking account intelligently must be within the field of our attention. In fact, according to Fingarette, it is not the case at all. Instead, he suggests that self-deception is about our ability to avoid paying attention to or focusing on such-and-such, while we take account of it. Thus, we can take account of some memories of traumatic experiences and, at the same time, avoid turning our attention to them. Instead, we can turn our attention to other things. Also, we can avoid turning our attention to the fact that we are avoiding turning our

³ Fingarette did not discuss the notion of intention in the article.

⁴ When Fingarette said “not conscious”, he did not refer to it in a technical sense but conventional sense, as it is used in daily language and did not intend to refer to any psychological theories or technical psychological concepts.

attention to the traumatic experiences. That is, we can avoid turning our attention to the traumatic experiences and to the fact that we are so doing. In that sense, one can say that we are genuinely “blind” to the traumatic experiences.

It is not too difficult to see the similarities between what Fingarette and existential psychotherapists have said. Existential psychotherapists would probably echo Fingarette’s notion of self-deception in that when we deceive ourselves, we take account of (i.e. a conscious process) the intolerable knowledge (e.g. we are responsible for fulfilling our own potential) which we do not, however, focus our attention on. Instead, we focus on the tolerable knowledge (e.g. we do not have potential due to our upbringing). For example, returning to the case of June mentioned in an earlier chapter, one could say that she was deceiving herself in that she did in fact take account of the abuse (intolerable background knowledge) but avoided paying attention to it, choosing instead to pay attention to other things (e.g. tolerable knowledge that she only had a sleeping problem). She could also avoid turning attention to the fact that she was avoiding turning attention to her abuse.

7.2 Difficulties in conceptualising self-deception as a conscious process: deceiving oneself or others

Given the above exposition of self-deception, I now wish to argue that there are difficulties embedded within this concept as a conscious process. These difficulties ultimately reflect the problem of self-consciousness. Let me return to the example of Bill Clinton. It seems reasonable, *prima facie*, to say that when Bill Clinton declared before the

world that he had never had sexual relations with Lewinsky, he was deceiving himself, and must have taken account of the occurrence of those sexual relations and of the fact that he was lying, and been able not to focus on it, but to focus instead on putting on a “good show” for the media. It was a show insofar as he did admit later that he was lying.

But, it seems to me that if Bill Clinton had truly taken account of the occurrence of the sexual relations that he had with Lewinsky and had therefore taken account of (i.e. he was conscious of) the fact that he was lying to the media, then, it was not himself he was trying to deceive, but others, such as the media. In that sense, one could argue that there was no self-deception in Bill Clinton’s case. Self-deception was not happening precisely because he was “conscious” of what he was doing. That is, the conscious process made it impossible for the process of self-deception to occur. Similarly, one could argue that if clients have taken account of (i.e. they are conscious of) the fact that they do possess potential which they are responsible to develop and if they have taken account of the fact that they are lying when they say they have no potential due to upbringing, then, they are not trying to deceive themselves but others.

However, existential psychotherapists could argue that what makes Bill Clinton a possible case of self-deception is the fact that while he was telling the media that he had never had sexual relations with Lewinsky, he was, at that moment in time, able not to focus on what he had taken account of (i.e. the fact that he had sexual relations with her and the fact that he was lying to the media) but instead was able to focus on putting on a “show”. But it seems to me that if what qualifies as self-deception is one’s ability not to focus on what one has

taken account of but to focus on something else, then, one could say that for us to listen intently to a lecture and not to focus on our friends' presence sitting next to us in the lecture theatre, whom we have taken account of would also mean that we are deceiving ourselves that our friends are not there. Also, for us to focus on a story shared by our friends at a dinner table and subsequently not to focus on the tasteless dinner of which we have taken account would mean that we are deceiving ourselves that we are not eating a tasteless dinner. Similarly, for us to listen to how a piece of classical music is played and not to focus on studying for the examination of which we have taken account would mean that we are deceiving ourselves that there is no examination to study for. Basically, if, according to existential psychotherapists, what qualifies as self-deception is one's ability not to focus on what one has taken account of but on something else, then, self-deception is something which happens on a minute-by-minute and second-by-second basis. After all, we do focus on X and not Y, of which we have taken account constantly. Surely, this way of conceptualising self-deception is a gross trivialisation of the concept.

7.3 self-deception is a normal mental activity

If, according to Fingarette and existential psychotherapists, the mechanism of self-deception is characterized by normal mental activities, one would assume that it overlaps other mental activities. The problem is that such overlapping could happen to the extent that one can no longer distinguish the mechanism of self-deception from any other. There is a sense in which Fingarette has implied that the mechanism of self-deception should not be distinctively different from normal mental activities, when he said that self-deception is an

“ordinary and familiar kind of mental activity” and that it is a “normal and everyday activity of the mind”. So, if the mechanism of self-deception is so ordinary and hence not uniquely different from other normal mental activities, does this not mean that we deceive ourselves in our normal mental activities?

Consider the following example. Someone called John is enjoying a chat with a very attractive woman in a quiet café where Mozart is being played in low volume in the background. Since he is focusing intensely on the chat and on trying to impress her, he is not focusing on the music, of which he has taken account. At one point, the conversation between them stops and he starts hearing the piano concerto. He has changed focus from the conversation to the music.

Now, it seems to me that he is engaging in a normal and indeed automatic mental activity which is very similar to the self-deception described by Fingarette and existential psychotherapists. Yet, it's ludicrous to think that what happens in the case of John bears any relation to self-deception, or John's attempt to deceive himself. When he is focusing on impressing the woman rather than on Mozart, of which he takes account, he is not trying to deceive himself into thinking that the music is not enjoyable (assuming that he does not find Mozart unbearable). He is not trying to avoid paying attention to Mozart, while he takes account of it, by paying attention to the woman. Similarly, when he shifted his focus from his conversation with her, of whom he takes account, to the piano concerto, he is not trying to deceive himself into thinking that her companionship is unbearable. That is, there is no

reason to think that occurrence of such normal mental activity means that John is deceiving himself.

But what is interesting is that this, as far as I can see, non-self-deceptive normal mental activity that John is going through is very similar, if not identical, to that of self-deception described by existential psychotherapists and Fingarette. In other words, existential psychotherapists could easily turn something which is essentially non-self-deceptive into something which is self-deceptive, without any justification. My point here is that existential psychotherapists can misinterpret what John is doing (i.e. turning something non-self-deceptive into something deceptive) precisely because the mechanism of self-deception is not distinctively different from that of other normal mental activity.

Now, existential psychotherapists could argue that just because two mechanisms are identical, does not mean that they serve the same function. For example, while the mechanisms which allow ordinary cars and hearses to move are the same, these vehicles serve different functions. But, the problem is that if existential psychotherapists and Fingarette start saying that clients have practised the mechanism of self deception in one case (by focusing on X but not Y while taking account of Y), and have not deceived themselves while going through the same mechanism in another case, because of its different function, then, they are implying that the mechanism which was thought to lead to self-deception may not do so after all. It was instead a mechanism which carried out non-self-deceptive mental activities. It is not clear to me when and how one can say that going

through this mechanism means deceiving oneself and going through the same mechanism means deceiving no one.

Let's look at the above problem (the mechanism of self-deception is characterized by normal mental activities in which one focuses on X but not Y, while taking account of Y) from another angle. Consider the clients who, according to existential psychotherapists, deceive themselves by believing that they are not good enough to study psychology at a university. That is, they deceive themselves by focusing on the foreground knowledge (tolerable knowledge) that they do not have the ability to study psychology at a university and by avoiding focusing on the background knowledge (intolerable knowledge of which they take account) that they would need to be responsible for working hard and disciplining themselves.

Now, while existential psychotherapists may say that these clients are possible cases of self-deception, it seems to me that this is not the case. This is because their claim to not have the ability to study psychology at a university could result from their mistaken view about the level of difficulty and the level of discipline that is required in studying psychology at a university. They may have overestimated the level of difficulty and the level of discipline required and so think it is beyond their ability. Now, if clients make the claim that they are not able to study at university level due to this mistaken judgement, I do not think that clients are necessarily trying to deceive themselves by focusing on the fact that they are not good enough to study psychology at university level and by avoiding focusing on the

background knowledge (of which they take account) that they would need to work hard and discipline themselves.

This again demonstrates the unsatisfactory situation, mentioned earlier, that existential psychotherapists can misinterpret what clients are doing by turning something non-self-deceptive into something self-deceptive. This is precisely because the mechanism of self-deception is not distinctively different from the mechanisms used in normal mental activities.

7.4 Self-deception and psychogenic amnesia

Since the mechanism used in self-deception is that used in normal mental activity according to existential psychotherapists, they would, as I have argued earlier, overlap. The distinction between them cannot easily be teased apart. This is why Fingarette, with whom existential psychotherapists are sympathetic, believe that the mechanism involved in avoiding focusing our attention to the distracting sounds of passing cars of which we take account is the same mechanism involved in avoiding focusing our attention on something potentially emotionally traumatic of which we also take account. Fingarette said “Just as I can avoid focusing my attention on the potentially distracting sounds of the passing cars, and do so without focusing my attention on the fact that I am doing this, so too I can take account of something potentially emotionally traumatic, and for that reason avoid turning my attention to it, and do all this without turning my attention to the fact that I am doing it. There is no special mental trick in any of this.” (Fingarette, 1998, p.295).

Surely, this is questionable. Consider the following piece of psychological research. We know from the psychological research on posttraumatic stress disorder (PTSD), resulting from traumatic events such as child abuse, that victims could experience what is known as psychogenic amnesia. That is, victims are thought to avoid unconsciously anxiety and traumatic stress arising from painful memories related to the abuse by banishing these memories from awareness. For example, one study shows that 64% of victims of sexual abuse reported total absence of abuse-specific memories at some point after the childhood abuse. Research has suggested the trauma itself is the factor which motivates amnesia (see Briere, 1992).

If this research is true, what some PTSD researchers are saying is that in order to avoid focusing their attention on the painful memories related to the abuse, victims would in fact employ a mechanism which is clearly different from that used to avoid focusing on distracting sounds of passing cars of which one takes account. The mechanism is different in that the psychogenic amnesia requires the victims to be “unconscious” (i.e. not to take account of) of some memories related to the abuse, i.e. a total absence of abuse-specific memories. While we can choose to switch our attention to the sounds of passing cars (we can do that because we have taken account of them) from our typing on a computer, victims of abuse with psychogenic amnesia cannot choose to switch their attention to the memory of the abuse (they cannot do so because they have not taken account of the abuse) from, say, reading a book. The two mechanisms are seemingly quite different. This does not mean to say that victims of abuse with psychogenic amnesia do not have the mechanism that

Fingarette and existential psychotherapists are talking about. They can still, of course, take account of the noise of the passing cars while they avoid focusing on them. But there is no reason to think that this mechanism is identical to that (e.g. psychogenic amnesia) which enables people to avoid focusing on emotionally traumatic experiences.

7.5 Self-deception and motivated biasing

Mele's (2001)⁵ motivated biasing, as far as I can see, could illuminate the existential psychotherapists' and Fingarette's process of deceiving ourselves in which we focus our attention on X but avoid focusing on Y while we take account of Y. However, I do not think that Mele's account of motivated biasing can help to strengthen existential psychotherapists' questionable notion of self-deception. To explain, let me give a rough summary of one of Mele's thoughts. Mele wants to reject the "agency view" of self-deception which is essentially built on the model of other-deception. This agency view states that Sally deceives her husband, Sam, into thinking that p (i.e. she is having a platonic relationship with Mr Jones which means that she is not having an affair with him). That is, Sally, the deceiver, intentionally brings about the false belief, p, in the deceived, Sam. So, both agents, Sally and Sam have co-occurrent contradictory beliefs (-p for Sally and p for Sam). Now, if the above model is applied to self-deception, what we will see is the emergence of two paradoxes. One is the static paradox which states that the self-deceiver

⁵ A word of warning. I am well aware of the fact that I have not considered other philosophical literature on self-deception. It is beyond the scope of this section of the chapter to review all the literature pertaining to self-deception. My aim here is not to provide a commentary on self-deception literature, nor to add to the existing debates on self-deception. Instead, I simply wish to refer to one idea proposed by Mele and show how it may bear relevance for existential psychotherapists. I can then provide a critique on the notion of self-deception as existential psychotherapists see it.

Sam possesses “both co-occurrent contradictory beliefs (p & -p)”. The second is the dynamic paradox which states that the self-deceiver Sam “intends to deceive himself”. These two paradoxes show why some people argue that self-deception is an incoherent concept and that it does not exist. On the other hand, some people would say that self-deception can only be talked about in terms of the self-deceivers’ unconscious mind or unconscious agency.

Now, to resolve these paradoxes, Mele has put forward the following proposal. Roughly speaking, he argues that the mental processing which underlies self-deception while it is motivated (i.e. intentional or motivated biasing), is not motivated by our desire (intention) to avoid the belief that p. In the case of the self-deceiver Sam, he does not intend to avoid the belief of p (Sally is unfaithful) but instead intends to avoid the evidence which suggests that his wife Sally is being unfaithful. Mele goes on to talk about the four processes which lead to motivated biasing, namely, negative misinterpretation, positive misinterpretation, selective focusing/attending, and selective evidence-gathering. Let me take selective focusing/attention as an example. Mele said “Our desiring that p may lead us both to fail to focus attention on evidence that counts against p and to focus instead on evidence suggestive of p. Recall the example of Beth, the child whose father died prematurely ... Owing partly to her desire that she was her father’s favourite, she finds it comforting to attend to memories and photographs that place her in the spotlight of her father’s affection and unpleasant to attend to memories and photographs that place a sibling in that spotlight. Accordingly, she focuses her attention on the former and is inattentive to the latter.” (Mele, 2001, p.26-27).

So, what Mele is saying is that it is not necessary to look at Beth's self-deception in terms of possession of the co-occurrent contradictory belief of p and $\neg p$. Neither is it necessary to look at her self-deception in terms of unconscious agency (i.e. to achieve her self-deception does not require part of her being unconscious). Her self-deception results from her attention being directed to the evidence (e.g. memories or photographs) which favour her desired conclusion that p (i.e. she is in the spotlight of her father's affection) (i.e. motivated biasing), and results from her attention being directed not to the evidence which counts against P (i.e. her siblings are in the spotlight of her father's affection).

7.6 Self-deception and Nobel-Prize winners

I imagine that existential psychotherapists are sympathetic with Mele's approach. That is, existential psychotherapists could say that there is no need to look at the self-deception (bad faith) of clients from the viewpoint of the unconscious agency as Mele has done. To live in bad faith and thus deceive themselves do not require them to become unconscious. They deceive themselves by directing their attention to the evidence (e.g. the way they were brought up) which favours their desired conclusion that p (e.g. their potential will never be fulfilled), and not directing their attention to the evidence which counts against P (e.g. people have fulfilled potential by overcoming constraints which result from their upbringing). Presumably, they also take account of the fact that they are doing the above.

So, what's the problem with viewing self-deception in this light? Consider the hypothetical case of Nobel-Prize winners for literature who believe that they have made an important contribution to their area, despite the fact that there are other scholars who disagree with their ideas and have criticized their work. Now, one can look at this case in terms of Mele's claim, with which existential psychotherapists are probably sympathetic, and say that these Nobel-Prize winners are deceiving themselves in that they direct their attention to the evidence (i.e. the Nobel-Prize) which favours their desired conclusion that p (that they have made an important contribution to their area), and not to the evidence (i.e. other scholars who have disagreed with and criticized their ideas) which counts against their desired conclusion that P. They take account of themselves doing the above.

But, it is rather strange to me to think that these Nobel-Prize winners may be deceiving themselves when they believe that they have made an important contribution to their area. The reason is simply that it is perfectly reasonable and justified for these Nobel-Prize winners to focus on the evidence of earning the Nobel-Prize in order to justify the conclusion that they have made an important contribution to literature. To me, there is no self-deception going on here. Whether or not they focus their attention on the evidence that other scholars have disagreed with and criticized their ideas does not make the above claim less true. Even if they decide deliberately not to direct their attention to the evidence that other scholars have disagreed with and criticized their ideas, they do not become cases of self-deception, because these disagreements and criticisms do not mean that they should not be granted the Nobel-Prize for literature. There are always disagreements and disputes in literature and winning a Nobel-Prize does not mean an absence of such disputes. In the case

of Nobel-prize winners, I do not see how one can accuse them of deceiving themselves when they have only focused on the evidence (i.e. the Nobel-Prize) which favours their desired conclusion that they have made an important contribution in the area of literature, regardless of whether they have focused on the evidence (i.e. criticism from other scholars) which counts against their desired conclusion.

7.7 Concluding self-deception

Through my objections outlined above, I have alluded to the fact that the conscious phenomenon, proposed by existential psychotherapists, of focusing on X but not Y, while taking account of Y is inadequate to explain self-deception. However, I do not doubt that the above conscious phenomenon exists. Neither do I doubt that it is a normal and indeed an extremely useful conscious mental activity. But, useful for what? Seemingly for allowing us to carry out daily and often taken for granted tasks such as walking across a busy road, reading a newspaper, listening to music, etc. It can also seemingly help us to deal with emotionally distressing experiences by not focusing on the distressing event. For example, it is plausible that when Bill Clinton was experiencing the emotionally distressing experience (resulting from his fear of other people knowing the truth about his relations with Lewinsky), he tried his utmost not to focus on the truth, focusing instead on the lie, while taking account of the truth. That is, it is useful for helping him to deal with emotionally distressing experiences by knowingly lying to others. But, this is not to say that he dealt with his emotionally distressing experience by “deceiving himself”.

If what I have argued so far is true, the wider implication would be that what existential psychotherapists call self-deception and indeed bad faith is not actually a form of self-deception. It is perhaps a kind of ordinary and indeed normal psychological mechanism for daily use. It aims to help them get on with life on a daily basis. Self-deception does not need to come into it. But, if existential psychotherapists insist that to engage in such an ordinary and normal psychological mechanism means self-deception, it is analogous to saying that when existential psychotherapists see Christopher Reed pretending to be superman and avoiding being himself of which he takes account, they regard him as having deceived himself into thinking that he is superman. They fail to see that he is simply engaging in a kind of ordinary mechanism which helps him to become an actor and entertain people by being someone who he is not. There is no reason to think that such acting is related to self-deception.

7.8 Enhancing self-consciousness: Remarks on R.D.Laing

I now want to finish the chapter by turning to the examination of the way in which existential psychotherapists assist their clients to enhance self-consciousness. The upshot of what I am going to argue is that with existential psychotherapists' encouragement or indeed assistance to explore and enhance their self-consciousness, clients could have taken a direction which will prove problematic. The direction that they have taken could ultimately lead them to a kind of self-exploration which is simply fantasy. That is, it seems to me that there is a possibility that clients might invent something fantasy-like when encouraged to explore and uncover different aspects of themselves, due to

therapists' emphasis on self-consciousness or their belief in the unlimited extent of consciousness that clients can expand.

To demonstrate my argument, let me refer to one aspect of the work of R.D.Laing (1982), a well-known existential psychiatrist.⁶ Laing believed that we can be conscious of our personal birth and pre-birth experience. Now, one might ask how this is possible. It's true to say that we know that we have experienced a pre-birth and birth experience, but this does not mean that we are conscious of or can access these experiences. Most people, including myself, are inclined to think that our pre-birth and birth events are events of which we cannot be conscious and upon which we cannot reflect in terms of recalling their occurrence or the qualitative feel or phenomenal quality of them, regardless of how hard we focus on or reflect upon this particular aspect of our personal experiences. In fact, this example favours the argument that not all of the experiences, memories etc that we disown or dissociate are knowable, retrievable or re-associateable. One might also say that this is a good example of how ludicrous it is to insist that all of the experiences, memories etc that we disown are knowable etc (see previous chapter).

However, Laing clearly believes that we can be conscious of our personal experiences of pre-birth and birth. Laing (1982) believed that experience of birth could affect later experiences and conduct. He found Freud's supposition difficult in that Freud did not

⁶ One might ask why Laing, an influential existential psychiatrist, is not referred to earlier or more often in this thesis. The reason is that while Laing was undoubtedly influential in early 1960s, he did not make any significant contribution to existential psychotherapeutic literature in the last few decades. Instead, the existential psychotherapists to whom I referred thus far are more influential in terms of expanding and developing the thinking and practice of contemporary existential psychotherapy. Also, Laing's work is mainly concerned with treating people with schizophrenia by developing a good understanding of their

think that birth had a significant meaning and that “we do not leave a world when we leave the womb” (Laing, 1982, p.93).⁷ On the contrary, like Winnicott (1958),⁸ Laing believed that there is a psychological life preceding to birth and that it is possible to recover intrauterine memories, both good and bad.

Laing quoted, for example, a study by Grof (1975) who recorded accounts of personal experiences under the influence of LSD in which people would report their so-called “real” memories from the intrauterine world. Laing quoted one account from Grof: “In one, for instance, a man felt immersed in foetal liquid and fixed to the placenta by the umbilical cord. Nourishment streamed into his body through the navel area and he felt a symbiotic unity with his mother. The fluid which circulated between them felt like a magical link between him and her. There were two sets of heart sounds of different frequencies that merged into one undulating acoustic pattern. There were hollow roaring noises that he took to come from the peristaltic movements of his mother’s intestines. He could hear strange noises from the outside world, which had a resounding echoing as if coming through a layer of water” (Laing, 1982, p.94).

Laing also quoted from Grof that some people in fact re-experienced the feelings of being an embryo. Indeed, Laing made it clear that the feelings of being an embryo, and of degrees and forms of intrauterine crisis and distress can be real recollection. He also

struggle and a way of living with them in a shared and open community. The clients in this thesis tend to be those who have not experienced psychotic experiences such as schizophrenia.

⁷ Freud was happy to “ascribe to the foetus and baby at birth sensations, quantitative intensities without meaning which leave no trace. The significance with which we endow birth does not derive from birth itself, but is derived from our postnatal projections upon it.” (Laing, 1982, p.89).

implied that even the experiences during the period from conception to about the third or fourth week of life are repeatable. He also claimed that he had recalled and indeed re-enacted experiences long before birth as he said “I have experienced in a state of complete subjective clarity and certainty events and dramas before birth, before conception and before incarnation” (Laing, 1982, p.98).

So, if my reading is right, Laing believed that we can be conscious of prenatal regression in our lives. Such regression in experience is endless and could go back to birth, to intrauterine life and to preuterine life as Laing said “Phenomenologically, this regression may follow our genes back through their biological continuum, or follow the course of a cycle of reincarnation.” (Laing, 1982, p.100). Seemingly, Laing was happy to encourage and indeed assist clients to enhance their self-conscious to that extent.

Now, it seems to me that Laing’s efforts or convictions are an example of someone who has tried “too hard” to encourage or assist clients to enhance self-consciousness. I believe that this has produced a great deal of fantasy-type reflection or exploration. Using the accounts of people under the influence of LSD to justify the claim that they had experienced real memories from the intrauterine world reveals, to me, an important confounding factor. How do we know that these are “real memories” from the intrauterine world when they are under the influence of LSD? These so-called real memories could easily be hallucinatory experiences resulting from LSD. Also, one could argue that as one is under the influence of LSD, clients are not “conscious” in the

⁸ Laing pointed out that some neo-psychoanalysts or contemporary psychoanalysts did go a little further than Freud. Otto Rank was an extremist who basically claimed that the core of the unconscious is based on

ordinary sense. To ask them to focus on their own “conscious” experiences during this pseudo-conscious state would surely mean asking them to focus on some not truly conscious experiences of themselves.

If it is possible to be conscious of our experiences of our intrauterine world by focusing on or reflecting upon them, surely one should be able to do so without LSD. However, I simply cannot think of a way of becoming conscious of myself having been immersed in foetal liquid and fixed to the placenta by the umbilical cord using the “ordinary” way of exploring my self-consciousness. It is highly plausible that these clients could have experienced all of these extraordinary or unusual memories precisely because they were under the influence of a substance which is meant to take the person to an extraordinary, and fantasy-like mental state. It seems to me that to make the extraordinary claim that our feelings of being an embryo and of intrauterine crisis and distress can be “real” recollection is simply to fail to examine a questionable process of enhancing self-consciousness and a failure to recognize that these so-called real recollections are simply fantasy, resulting from clients’ desires to enhance or widen the degree of self-consciousness through highly questionable process of enhancing self-consciousness.

But then, Laing argued that to arrive at self-consciousness of one’s own prenatal regression does not wholly depend on the help from LSD. According to Laing, we can experience our prenatal regression through dreams.⁹ For example, Laing reported a telepathic communication between the mother and embryo by means of the dreams. He

our relations in and to the womb.

⁹ Laing goes on to say that these foetal-umbilical-placental uterine forms also occur in ancient myths.

quoted some case studies from Schneider (1956), a cardiologist and neuropsychiatrist, who reported, for example, that after having missed a period, a young married woman had a dream. In this dream, she saw a lively kitten with a pink ribbon around its neck jump into an open shoe box. The sides of the shoe box then folded over by themselves; a zipper also suddenly appeared and automatically zipped the shoe box tight. The frightened kitten was then beating in and against the sides of the box. For Schneider, Laing quoted, the automatic zipper symbolized the forerunner of the heart. Each little tooth of the zipper symbolized the very rapid beats of the two embryonic arteries lying side by side and the actual establishment of the fundamental animation process by which these beating arteries will ultimately fuse, thicken, coil and descend from the neck of the foetus to become the heart.

Another case reported by Laing was a woman who had a dream, 3 or 4 days after conceiving. In her dream, she saw a piece of gum going along an escalator into a garage. To Laing, the piece of gum, the escalator and the garage came together to form the embryological situation. The piece of gum symbolized the blastocyst, the escalator symbolized the oviduct and the garage symbolized the uterus.

But, can one really justify the notion that the women had achieved what existential psychotherapists call the self-consciousness of prenatal regression on the basis of the interpretations of such dreams? I think not. What these women have achieved would not be what existential psychotherapists, according to their doctrine, call self-consciousness. Hence, there is no self-consciousness of prenatal regression that she has achieved. To

demonstrate my argument, let me briefly refer to something that Rollo May, a well-known American existential psychotherapist, said. May (1983) distinguished self-awareness from self-consciousness. He explained the difference using the example of being threatened.¹⁰ Self-awareness is our knowledge of external dangers and threats. Self-consciousness, on the other hand, is not simply our awareness of threat from the world but our capacity to know ourselves as the ones being threatened. We are conscious of the fact that we are the being who stands in this world which threatens us. In other words, we experience ourselves as the subjects who have a world. Self-consciousness is our capacity to transcend the immediate concrete situation and to stand outside and look at ourselves and the situation and examine and guide ourselves by an infinite range of possibilities, in order to do something about it.

Now, it seems to me that through the interpretations of the dreams by the professionals, what these two women gained was self-awareness. That is, they gained knowledge of some external meanings about dream symbols symbolizing some human physiology involved in conception. Although the conception was really “their conception”, I do not see why they would necessarily transcend the immediate external interpretations given to them and be conscious of the fact that they are the beings with whom their physiology is trying to communicate, through dream symbols, about their conception. The reason is that what they see is simply some professional interpretations of what these dreams mean. But, knowing these meanings does not necessarily imply that they are then conscious of the fact that they

¹⁰ I realize that my interpretations above of the way in which existential psychotherapists understand self-awareness and self-consciousness might provoke different responses among existential psychotherapists. This is mainly because these concepts are abstract, not black or white, and different existential psychotherapists have

are the beings to whom these meanings are directly relevant or with whom their human physiology is trying to communicate about their conception.¹¹

I could imagine the possibility that the two aforementioned women might not even take much notice of the significance of their dreams or that they might not accept these interpretations, despite how interesting they sound. Maybe these interpretations sound too far-fetched or “unreal” for them, having not been conscious of the fact that they are the being with whom their human physiology is trying to communicate about their conception. Even if these two women accept these interpretations, they might do so because such “awareness” (i.e. dreams symbolize their conception), intellectually speaking, “makes sense” to them, as opposed to accepting them because they are conscious of the fact that they are the beings with whom their human physiology is trying to communicate about their conception.

So, what I have argued basically comes down to the fact that although Laing argued that to arrive at self-consciousness of one’s own prenatal regression does not wholly depend on help from LSD but can also depend on dream analyses, this does not reassure me that people can indeed be conscious of their birth or pre-birth experiences or prenatal regression. To me, this so-called self-consciousness of one’s own prenatal regression is nothing more than fantasy that Laing invented partly due to his efforts to enhance self-

different interpretations of them. However, I will carry on with the discussion on the basis of how I interpret self-awareness and self-consciousness according to some existential psychotherapists including May.

¹¹ I am not saying that these physiological changes, due to conception, would not create psychological changes in them including the forming of certain relevant dreams. But this does not mean that they would necessarily be conscious of themselves being the ones their physiology is trying to communicate with about their conception.

consciousness, i.e. to assist clients to enhance or widen the range of conscious experiences. To me, we know that we have been through the process of conception, that we were once a fetus, that we were once in our mothers' womb, that we were fed through a placenta, that we were born etc. Nevertheless, such knowledge does not presuppose a present consciousness of ourselves being involved in these past events. Perhaps, some existential psychotherapists are more willing than others to push the boundaries of self-consciousness. Consequently, they might have deluded themselves into thinking that an experience is accessible when in fact it is not. I have to say that when some existential psychotherapists insist that the psychoanalytic psychotherapeutic notion of the unconscious is a vague, imprecise, abusive and colourless depth (see previous chapter), do they not think that Laing's idea described above is equally vague, imprecise, abusive and colourless depth or even more so?

7.9 Summary

In this chapter, I pursued the topic of self-consciousness which bears an important message for existential psychotherapists. I examined this concept in the light of the notion of self-deception. That is, existential psychotherapists believe that self-deception or bad faith is a conscious phenomenon. On the basis of Sartre's bad faith and ideas from Fingarette, I have come to understand that when existential psychotherapists speak of self-deception, they mean a conscious process which could be characterized as follows: when clients deceive themselves, they take account of (i.e. a conscious process) intolerable knowledge on which they do not, however, focus their attention. Instead, they focus on the tolerable knowledge.

That is, clients deceive themselves when they focus on X but not Y, while taking account of Y.

Having described, in my view, how existential psychotherapists understand the notion of self-deception as a conscious process, I then presented the difficulties I had with it. Firstly, I argued that if, for example, Bill Clinton truly took account of (i.e. was conscious of) the sexual relations he had with Lewinsky and the fact that he was lying to the media, he was trying to deceive others as opposed to himself. Hence, there was no self-deception going on. Self-deception could not have happened precisely because he was “conscious” of what he was doing. Secondly, if the mechanism of self-deception is characterized by some normal mental activities, one would imagine it to overlap with the mechanism of normal mental activities. Consequently, existential psychotherapists may find themselves confronting a situation whereby they could turn a behaviour which is essentially non-self-deceptive into a behaviour which is self-deceptive without any justification. That is, they can misinterpret their clients’ actions.

Thirdly, I focused on the idea that Fingarette, with whom existential psychotherapists are sympathetic, seemed to believe that the mechanism involved in avoiding focusing on the distracting sounds of passing cars of which we take account is the same mechanism involved in avoiding focusing on some emotionally traumatic experiences of which we also take account. I argued that this cannot be the case, especially in the light of victims of sexual abuse who suffer from psychogenic amnesia. That is, these victims deceive themselves by avoiding focusing on the abusive memories, because they are

“unconscious” of the memories related to the abuse, and instead focusing on other non-sexual abuse memories. The mechanism involved in this amnesia is clearly different from that involved in avoiding the distracting sounds of passing cars.

Fourthly, I brought in Mele’s notion of motivated biasing which seemed to bear relevance to the way in which existential psychotherapists conceptualise the notion of self-deception. To draw on an idea from Mele, existential psychotherapists could say that it is not necessary to look at self-deception from the viewpoint of unconscious agency. Instead, clients deceive themselves by focusing on the evidence which favours their desired conclusion that p and not focusing on the evidence which counts against the desired conclusion that p. The problem is that, using the example of winners of the Nobel-Prize for literature, it is strange to say that they are deceiving themselves when they focus on the evidence (i.e. the Nobel-Prize) which favours their desired conclusion that they have made an important contribution to the area of literature, instead of focusing on the evidence (i.e. criticism from other scholars) which counts against their desired conclusion that they have made an important contribution to literature. After all, winning a Nobel-Prize implies a significant contribution to knowledge rather than an absence of criticism from other scholars. So, to decide not to turn their attention the criticisms from other scholars would not make them cases of self-deception. The implication from what I have argued is that the conscious phenomenon, proposed by existential psychotherapists, of focusing on X but not Y, while taking account of Y is perhaps not a satisfactory explanation of self-deception.

Having examined the topic of self-consciousness in the light of self-deception, I then discussed the way in which existential psychotherapists such as R.D.Laing assist their clients to enhance self-consciousness. My argument is that due to the emphasis that existential psychotherapists put on exploring self-consciousness and their desire to assist clients to do so, clients could be encouraged to take a direction which is simply problematic. To be more precise, my view is that clients could end up inventing something fantasy-like due to the encouragement and assistance of existential psychotherapists to uncover different aspects of themselves and expand the boundaries of self-consciousness.

Chapter 8 Conclusion

My main intention in writing this thesis is not to start an anti-existential psychotherapy movement. Rather, this thesis is my attempt to bring out, in my view, *some* confusion embedded within the thoughts of contemporary existential psychotherapists. This is only an attempt as opposed to a comprehensive examination of all ambiguity within existential psychotherapeutic thinking. To sum up briefly what I have examined: Contemporary existential psychotherapists cannot define existential psychotherapy in one single way, preferring instead to adhere to individual existential psychotherapies which then begs the question how we know that these individual existential psychotherapies are true forms of existential psychotherapy (chapter 2). At the same time, they have allowed other ideologies or therapeutic practices, for example, cognitive-behavioural and multimodal therapies, to penetrate into what they believe to be “existential” basic assumptions, despite the fact that to accommodate these ideologies could challenge and alter the foundation of their so-called existential therapeutic system (chapter 3).

In addition to the penetration of cognitive-behavioural and multimodal therapies, one must not forget their relationship with psychoanalytic psychotherapy. While existential psychotherapists see the importance of some psychoanalytic concepts (e.g. interpretation, transference, resistance, repression, the unconscious), they wish to challenge and re-define them for their practices. They want to challenge psychoanalytic psychotherapy in its entirety. But my analysis shows that their challenge of psychoanalytic psychotherapy in its entirety has not been achieved and a great deal of common ground remains between

them (chapters 4, 5 and 6). This then begs the question of the extent to which some of what they call existential concepts are in fact very much intertwined with psychoanalytic concepts. That is, one questions whether existential psychotherapists have in fact distanced themselves enough from the intellectual influence of psychoanalytic concepts which, in turn, questions the extent to which the foundation of what they call the existential therapeutic system has been challenged or changed to accommodate the lingering psychoanalytic concepts. In an attempt to distance themselves from the Freudian notion of the unconscious, existential psychotherapists put a great deal of emphasis on the notion of self-consciousness. However, their way of conceptualizing it is problematic. Also, their eagerness to assist clients to enhance self-consciousness could result in clients taking a direction which is simply problematic or inventing some fantasy (chapter 7).

8.1 Confusion over professional identity

What can I conclude from the foregoing brief summary of confusion embedded within the thoughts of contemporary existential psychotherapists? One conclusion is this. It seems to me that such confusion ultimately portrays what I call confusion over their professional identity. While contemporary existential psychotherapists appear to be quite certain about their own professional identity in that they speak confidently, with their clearly defined and articulated approaches, ideologies, philosophical factors and therapeutic practices, all the while believing that they are practising existential psychotherapy and are true existential psychotherapists, I am doubtful whether they know

for certain that what they are practising is indeed a true form of existential psychotherapy and whether they know for certain that they are indeed true existential psychotherapists. This is what I call confusion over their professional identity.

Interestingly, however, there is no evidence suggesting that contemporary existential psychotherapists are aware of any confusion over their professional identity. On a daily basis, they continue to practise what they believe to be existential psychotherapy and advocate what they believe to be existential psychotherapeutic ideologies or assumptions. They practise as if they know for certain that they are true existential psychotherapists. The question is: Why?

In my view, one reason is that they have convinced themselves that by virtue of receiving training in a form of existential psychotherapy, they are true existential psychotherapists, and hence, have no reason to doubt their own professional identity. To expand on this point, existential psychotherapists may have accepted that there are different forms of existential psychotherapies and that to try to define or unify them in one single way is impossible. Thus, as long as they are trained by some officially recognized institutions to practise existential psychotherapy, there is no reason to challenge whether they know for certain that they are existential psychotherapists. Instead, they would simply say that they know for certain that they are existential psychotherapists who are practising one form of existential psychotherapy.

Another reason for such confusion over their professional identity is that in the end, what is important is whether what they practise can make a difference to the life of their client. In other words, the focus is on clients rather than themselves. If they can make a difference to their lives by practising whatever they have been trained to practise, it does not really matter whether they know for certain that what they are practising is indeed a true form of existential psychotherapy or whether they know for certain that they are indeed true existential psychotherapists. To put it another way, if what they practise makes a difference to the life of their client, it does not really matter if they practise a mixture of pseudo-existential psychotherapy and conflicting principles of cognitive-behavioural therapy and psychoanalytic concepts. What is of more concern for them is whether they feel content or comfortable practising their particular version of therapy, regardless of what you call it, with the therapeutic gain that it brings to clients.

To an extent, the foregoing passage echoes the recent view expressed by Thomas Szasz (2005). He said that as long as one can justify that practising “therapy” is a “healing” profession and a way to make a living, it will matter little what the “therapy” is called. To translate what he said into our discussion here, as long as existential psychotherapists can justify that practising their psychotherapy is a healing profession in the sense that it makes a difference to someone’s life, it does not matter whether we call their therapy true existential psychotherapy or pseudo-existential psychotherapy etc. However, it is not difficult to see that if one accepts Szasz’s view, the confusion over their professional identity will only continue and deepen, with practitioners remaining unaware of such confusion.

8.2 Mystical practice

One implication from what has been said is that the idea of a unitary practice called existential psychotherapy is a myth. What follows is that the idea of, for example, the British school of existential psychotherapists and Logotherapists claiming to know for certain that they are *true* existential psychotherapists and that they practise *true* existential psychotherapies is also a myth. One interesting thing about myths is that if people believe in them, they will often have an impact on their lives. For example, some people believe in the Chinese mystical Feng Shui phenomenon which stands for the power of the natural environment. They believe that to follow the principles embedded within it will bring them good fortune (In fact, in Singapore and Malaysia, Feng Shui influences the design of buildings and the correct orientation of tombs (Lip, 1979)). In other words, their belief in Feng Shui and the action they take according to its principles would have an impact on their lives, perhaps giving them peace of mind, helping them feel at ease with themselves or optimistic about their future. In other words, to believe in this mystical practice could be “therapeutic” for them. Similarly, for clients to allow themselves to be influenced by those who claim to be true existential psychotherapists, who practise existential psychotherapy as if it were a unitary practice, could possibly be “therapeutic” for them. Of course, their therapeutic feelings may well be different from those that Feng Shui believers experience.

8.3 Why should mystical practice be stopped?

The question is how existential psychotherapists can bring an end to such mystical practice. How can they start doing existential psychotherapy, as a unitary form of psychotherapy and how can they start practising as true existential psychotherapists? This is a difficult question and requires a great deal of thought and more than a chapter to answer. I do not pretend to be able to give a comprehensive answer in the rest of this concluding chapter. I will, however, propose very briefly, in my view, some of the essential tasks that need to be done, if existential psychotherapists want to bring an end to mystical practice.

Before pointing out these tasks, however, there is a wider question which needs to be considered. Why should the so-called existential psychotherapists change the way that is familiar for them to practise existential psychotherapy? I am under no illusion that contemporary existential psychotherapists might find much of, if not all, of my analyses in this thesis utterly unacceptable. The extent to which this is really the case remains to be seen. If they find my analyses utterly unacceptable, they would probably think that there is no justification for stopping their practice.

Furthermore, some contemporary existential psychotherapists may see no reason to stop practising because, as was mentioned, their clients are benefiting from the therapy. Of course, whether they truly benefit from the therapy is not easy to ascertain.¹ The

¹ In fact, as far as I am aware, robust and well-controlled scientific research has yet to be established to show the effectiveness of existential psychotherapy. But, even if some researchers claim that they have indeed established the effectiveness of existential psychotherapy, one has to question whether the therapy that they have evaluated is truly a form of existential psychotherapy.

implication is that even if they agree with my analysis that they practise existential psychotherapy as if it is a unitary practice, and that there is inconsistency or confusion embedded within their existential psychotherapeutic principles which makes one wonder whether they are practising true existential psychotherapy, they may still see no reason to stop their practice. As long as clients benefit therapeutically, it matters little whether cognitive-behavioural and multimodal therapies have challenged or altered the foundation of their so-called existential psychotherapeutic system. It also matters little to them whether existential psychotherapeutic thinking is too much intertwined with psychoanalytic concepts. In other words, it really matters little to clients whether the so-called existential psychotherapists from whom they receive therapy are true existential psychotherapists or not. In some cases, clients may not even know what the therapy that they are receiving is called. What matters to them is whether what the therapists offer can help them deal with or manage successfully whatever difficulties are bothering them in their lives. All that I have done, as far as these therapists are concerned, is pursue “academic debate” or “academic exercise” which should be left to people, like myself, who have the luxury of sitting at their desks to engage in them for the sake of making their living, enjoyment etc.

However, if what I have argued is something that these existential psychotherapists agree with but they, nonetheless, continue to practise existential psychotherapy as if it were a unitary practice and a true existential psychotherapy, my view is that they should consider changing the way they practise by, perhaps, taking account of the arguments

developed in this thesis with which they agree. Making these changes could produce significant differences in clinical practice.

8.4 An incomplete proposal and closing remarks

The big question now is how existential psychotherapists bring mystical practice to an end but start practising true existential psychotherapy as a unitary form of psychotherapy and as true existential psychotherapy. Let me now draw attention to a very brief and incomplete proposal which consists of certain essential tasks. Firstly, one ought to eradicate what I call the confusion over professional identity for contemporary existential psychotherapists. Therapists need to know for certain that what they are practising is indeed a true form of existential psychotherapy and that they are indeed true existential psychotherapists. They need to stop thinking that just because they have received training from some officially recognized institutions, they are therefore true existential psychotherapists. They need to re-evaluate their training, their status and indeed their practice. In short, they need to find a way to define who they really are.

To achieve that, it seems to me that it is important for them to compare their own existential psychotherapeutic ideologies and practices against some universally agreed existential psychotherapeutic ideologies and practices. That is, I am advocating the necessity to arrive at some universally agreed existential psychotherapeutic ideologies and practices against which other existential psychotherapeutic ideologies and practices can be measured. I am, in other words, advocating the necessity to unify existential

psychotherapies into a singularly defined form of existential psychotherapy. One can then distinguish the true or genuine existential psychotherapists from the false ones. In line with what I said in Chapter 2, these universally agreed existential psychotherapeutic ideologies and practices do not originate at some metaphysical level like natural laws which exist out there in reality independently of us and await our discovery. Rather, they are those which are universally agreed. True forms of existential psychotherapy refer to the degree to which the basic assumptions and practices of existential psychotherapy X corresponds to (has not violated) these universally agreed existential psychotherapeutic ideologies and practices. The question is how to arrive at these universally agreed existential psychotherapeutic ideologies and practices.

This leads me onto another essential task which is that in order to arrive at these universally agreed existential psychotherapeutic ideologies and practices, practitioner representatives from different schools of existential therapies and philosophers with expertise in existential philosophy need to gather together and form a working group. Their mission, as far as I can see, is to return to the study of the basic philosophical principles of existentialism and to agree on the fundamental existential psychotherapeutic principles in the light of their understanding of the philosophical principles of existentialism. They then need to evaluate the extent to which existing forms of contemporary existential psychotherapies correspond to these agreed existential psychotherapeutic principles. This means examining the inconsistency and confusion embedded within the different forms of existential psychotherapies, as I have done. Additional inconsistency and confusion will need to be identified. Only then can one see

the radical changes that need to take place for different forms of existential psychotherapies. Finally, the working group needs to ensure that therapists are going to practise on the basis of the agreed principles and to tell others (e.g. academics, general public etc) what existential psychotherapy is about.

To close this final chapter, let me add further comments to my incomplete proposal above. I might have given the impression that, if such a mission is fulfilled, therapists will then practise precisely in the same manner and there will be no room for individual expression. I do believe that unifying existential psychotherapeutic principles and practices is important. However, this does not mean that individual expression within practices is not possible. It is possible but only with careful monitoring to ensure its adherence to the fundamentally agreed existential psychotherapeutic principles. I might have also given the impression that if my proposal is adopted, existential psychotherapy in the future will be heavily regulated. I have to admit that to achieve such unifying existential psychotherapeutic principles and practices will require a certain amount of regulation. On the other hand, one ought to make sure that regulation does not lead to the suppression of individual expression.

Finally, I admit that, at this stage, I do not know for certain how to finalize, facilitate or implement the details of the above proposal. Coming to the end of this thesis, one thing I know is that the overhaul of existential psychotherapeutic principles and practice is way overdue, and that the need for such a challenging overhaul is urgent and imperative if

existential psychotherapy is to advance itself in the future, and for the sake of clients who are in need and the next generation of true existential psychotherapists.

References

Abelin-Sas, G. (1997). The first interview: From psychopathology to existential diagnosis. *Journal of Clinical Psychoanalysis*, 6, 95-106.

Beck, A.T., & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective*. New York: Basic Books.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Berah, E.F., Jones, H.J., & Valent, P. (1984). The experience of a mental health team involved in the early phase of a disaster. *Australian-New Zealand Journal of Psychiatry*, 18, 354-358.

Binswanger, L. (1963). *Being in the world*. New York: Basic Books.

Bohnert, K. (1999). Meaningful musical experience and the treatment of an individual in psychosis: A case study. *Music Therapy Perspectives*, 17, 69-73.

Bornstein, R.F. (2004). Integrating cognitive and existential treatment strategies in psychotherapy with dependent patients. *Journal of Contemporary Psychotherapy*, 34, 293-309.

Boss, M. (1957). *The analysis of dreams*. London: Rider.

Boss, M. (1962). Anxiety, guilt and psychotherapeutic liberation. *Review of Existential Psychology and Psychiatry*, 2, no 3.

Boss, M. (1963). *Psychoanalysis and Daseinsanalysis*. New York: Basic Books

Boss, M. (1979). *Existential foundations of medicine and psychology*. New York: Jason Aronson.

Briere, J.N. (1992). *Child abuse trauma*. Newbury Park: Sage Publications.

Bugental, J.F.T. (1963). *The existential orientation in intensive psychotherapy*. Oxford: Psychological Service Association.

Bugental, J.F.T. (1965). *The search for authenticity*. New York: Holt, Rinehart and Winston, Inc.

Bugental, J.F.T. (1978). *Psychotherapy and process: The fundamentals of an existential-humanistic approach*. New York: Random House.

Burns, D.D. (1980). *Feeling good: The new mood therapy*. New York: Morrow.

Butcher, P. (1984) Existential-behaviour therapy: A possible paradigm? *British Journal of Medical Psychology*. Vol 57(3), 265-274.

Chessick, R.D. (1984). Sartre and Freud. *American Journal of Psychotherapy*, 38, 229-238.

Chung M.C. (1995) Reviewing Frankl's will to meaning and its implications for psychotherapy dealing with post traumatic stress disorder. *Medicine and War*, 11(1), 45-55.

Cohn, H.W. (1997). *Existential thought and therapeutic practice*. London: Sage Publications.

Cooper, M. (2003). *Existential therapies*. London: Sage Publications.

Cormier, W.H., & Cormier, L.S. (1985). *Interviewing strategies for helpers: Fundamental skills and cognitive behavioral interventions*. Pacific Grove, CA: Brooks/Cole.

Corrie, S., & Milton, M. (2000). The relationship between existential-phenomenological and cognitive-behaviour therapies. *European Journal of Psychotherapy, Counselling and Health*, 3, 7-24.

Craig, E. (1993). Remembering Medard Boss. *Humanistic Psychologist*, 21, 258-276.

Dennett, D.C. (1991). *Consciousness explained*. Boston: Little, Brown.

Denzin, N.K., & Lincoln, Y.S. (1994). *The Sage handbook of qualitative research*. London: Sage Publications.

Diamond, S.A. (2003). Violence as secular evil: Forensic evaluation and treatment of violent offenders from the viewpoint of existential depth psychology. *Journal of Applied Psychoanalytic Studies*, 5, 21-45.

Dingle, G. (2002). Career versus motherhood? A case study describing a cognitive-existential approach to the dilemma. *Behaviour Change*, 19, 2-11.

Du Plock, S. (1996). The existential-phenomenological movement, 1834-1995. In W.Dryden (ed), *Developments in psychotherapy: Historical perspectives* (pp.29-61). London: Sage Publications.

Du Plock, S. (Eds) (1997). *Case studies in existential psychotherapy and counselling*. Chichester: Wiley & Sons.

Edwards, D.J. (1990) Cognitive-behavioral and existential-phenomenological approaches to therapy: Complementary or conflicting paradigms? *Journal of Cognitive Psychotherapy*, Vol 4(2), 105-120.

Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: A Citadel Press Book.

Ellis, M., & Leary-Joyce, J. (2003). Gestalt therapy. In C.Feltham & I.Horton (eds). *Handbook of counselling and psychotherapy*. London: Sage Publications.

Feltham, C. (ed) (1997). *Which psychotherapy? Leading exponents explain their differences*. Thousand Oaks: Sage Publications, Inc.

Feltham, C., & Horton, I (eds) (2003). *Handbook of counselling and psychotherapy*. London: Sage Publications.

Figley, C.R., & Kleber, R.J. (1995). Beyond the “victim”: Secondary traumatic stress. In R.J.Kleber., C.R.Figley & B.P.R.Gersons (eds), *Beyond trauma*. New York: Plenum Press.

Fingarette, H. (1998). Self-deception needs no explaining. *The Philosophical Quarterly*, 48, 289-301.

Fischer, C., McElwain, B., & DuBoise, J.T. (2000). Existential approaches to psychotherapy. In C.R.Snyder., & R.E.Ingram (eds), *Handbook of psychological change: Psychotherapy processes and practices for the 21st century* (pp.243-257). Hoboken, NJ: John Wiley & Sons, Inc.

Frankl, V.E. (1963). *Man's search for meaning*. New York: Washington Square Press.

Frankl, V.E. (1967). *Psychotherapy and existentialism*. New York: Washington Square Press.

Frankl, V.E. (1969). *The will to meaning*. New York: The New American Library, Inc.

Frankl, V. E. (1975). *The unconscious god*. New York: Simon & Schuster.

Frankl, V.E. (1978). *The unheard cry for meaning*. London: Hodder and Stoughton.

Frankl, V.E. (1986). *The doctor and the soul*. New York: Vintage Books.

Frankl, V.E. (1997). *Man's search for ultimate meaning*. New York: Plenum Press.

Freud, S. (1901). *The psychopathology of everyday life*. London: Penguin Books.

Freud, S. (1913). *Two lies told by children*. The standard edition of the complete works of Sigmund Freud, volume 12. London: Hogarth Press.

Freud, S. (1916-1917). *Introductory lectures on psychoanalysis*. London: Penguin Books.

Furman, R. (2003). Poetry therapy and existential practice. *Arts in Psychotherapy*, 30, 195-

200.

Gazzola, N., Iwakabe, S., & Stalikas, A. (2003). Counsellor interpretations and the occurrence of in-session client change moments in non-dynamic psychotherapies. *Counselling Psychology Quarterly*, 16, 81-94.

Gazzola, N., & Stalikas, A. (2004). Therapist interpretations and client processes in three therapeutic modalities: Implications for psychotherapy integration. *Journal of Psychotherapy Integration*, 14, 397-418.

Gerz, H.O. (1962). The treatment of the phobic and the obsessive-compulsive patient using paradoxical intention. *Journal of Neuropsychiatry*, III, 375-387.

Grof, S. (1975). *Realms of the human unconscious*. New York: Viking Press.

Havens, L.L. (1978). The choice of psychotherapeutic method. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 6, 463-478.

Heidegger, M. (1962). *Being and Time*. London: SCM Press.

Herman, J.L. (1992). *Trauma and recovery: The aftermath of violence*. New York: Basic Books.

Heuscher, J.E. (1964). What is existential psychotherapy? *Review of Existential Psychology and Psychiatry*, 4, 158-167.

Holmes, J., & Lindley, R. (1989). *The values of psychotherapy*. Oxford: Oxford University Press.

Iglesias, A. (2004). Hypnosis and existential psychotherapy with end-stage terminally ill patients. *American Journal of Clinical Hypnosis*, 46, 201-213.

Jacobsen, B. (1997). Working with existential groups. In S.Du Plock (ed), *Case studies in existential psychotherapy and counselling* (pp.157-173). Hoboken, NJ: John Wiley & Sons, Inc.

Kissane, D.W., Bloch, S., Miach, P., Smith, G.C., Seddon, A., & Keks, N. (1997). Cognitive-existential group therapy for patients with primary breast cancer—techniques and themes. *Psycho-Oncology*, 6, 25-33.

Kleber, R.J., & Brom, D. (1992). *Coping with trauma: Theory, prevention and treatment*. Pennsylvania: Swets & Zeitlinger International.

Koestenbaum, P. (1976). *Is there an answer to death*. Englewood Cliffs, N.J: Prentice-Hall.

Laing, R.D. (1982). *The voice of experience*. Harmondsworth: Penguin Books.

Lantz, J. (1997). Poetry in existential psychotherapy with couples and families. *Contemporary Family Therapy: An International Journal*, 19, 371-381.

Lantz, J., & Alford, K. (1995). Art in existential psychotherapy with couples and families. *Contemporary Family Therapy: An International Journal*, 17, 331-342.

Lazarus, A.A. (1971) *Behavior therapy and beyond*. New York: McGraw-Hill.

Lazarus, A.A. (1986). Multimodal therapy. In J.C.Norcross (ed), *Handbook of eclectic psychotherapy* (pp.65-93). New York: Brunner/Mazel.

Lazarus, A.A. (1987). The multimodal approach with adult outpatients. In N.S.Jacobson (ed), *Psychotherapists in clinical practice*. New York: Guilford Press.

Lazarus, A.A. (1989). *The practice of multimodal therapy: Systematic, comprehensive and effective psychotherapy*. Baltimore, MA: Johns Hopkins University Press.

Lazarus, A.A. (1989). Multimodal therapy. In R.Corsini & D.Wedding (eds), *Current psychotherapies* (pp.503-544). Itasca, IL: F.E.Peacock.

Lemma, A. (1997). The invisible scar--psychotherapy with a head-injured client. In S.Du Plock (ed), *Case studies in existential psychotherapy and counselling* (pp.83-95). Hoboken.

NJ: John Wiley & Sons, Inc.

Liotti, G. (1986). Structural cognitive therapy. In W.Dryden & W.Golden (eds), *Cognitive-behavioral approaches to psychotherapy*. London: Harper and Row.

Lip, E. (1979). *Chinese geomancy*. Singapore: Times Book International.

Lovell, K. (2000). Behavioural psychotherapy. In C.Feltham & I.Horton (eds), *Handbook of counselling and psychotherapy*. London: Sage Publications.

Lyons, J. (1961). Existential psychotherapy: Fact, hope, fiction. *Journal of Abnormal and Social Psychology*, 242-249.

May, R. (Eds) (1969). *Existential psychology*. New York: McGraw-Hall, Inc.

May, R. (1979). *Psychology and the human dilemma*. New York: W.W.Norton & Company.

May, R. (1983). *The discovery of being*. New York: W.W.Norton & Company.

May, R. (1989). *The art of counselling*. New York: Gardner Press, Inc.

May, R., & Yalom, I.D. (1989) Existential psychotherapy. In Corsini. R.J. (Ed), *Wedding. D*

(Ed); et al. (1989). *Current psychotherapies* (4th ed.). (pp. 363-402). Itasca, IL, USA: F. E. Peacock Publishers, Inc.

McCann, I.L., & Pearlman, L.A. (1990). *Psychological trauma and the adult survivor: Theory, therapy and transformation*. New York: Brunner/Mazel.

Meichenbaum, D. (1985). *Stress inoculation training*. New York: Pergamon Press.

Meichenbaum, D., & Asarnow, J. (1979). Cognitive-behavioral modification and metacognitive development: Implications for the classroom. In P.C.Kendall., & S.D.Hollon (eds), *Cognitive-behavioural interventions: Theory, research and procedures* (pp.11-35). New York: Academic Press.

Mele, A.R. (2001). *Self-deception unmasked*. Princeton: Princeton University Press.

Moja-Strasser, L. (1996). The phenomenology of listening and the importance of silence. *Journal of the Society for Existential Analysis*, 7, 90-102.

Nezu, A.M., Nezu, C.M., & Perri, M.G. (1989). *Problem solving therapy for depression*. New York: Wiley.

Nye, R.D. (2000). *Three psychologies: Perspectives from Freud, Skinner and Rogers*. Belmont: Wadsworth/Thomson Learning.

Ottens, A.J., & Hanna, F.J. (1998) Cognitive and existential therapies: Toward an integration. *Psychotherapy*, Vol 35(3): 312-324.

Palmer, S. (1997). Modality assessment. In S.Palmer & G.McMahon (eds), *Client assessment*. London: Sage Publications.

Palmer, S. (2000). Multimodal therapy. In C.Feltham & I.Horton (eds), *Handbook of counselling and psychotherapy* (pp.378-386). London: Sage Publications.

Perls, F.S. (1969). *Gestalt therapy verbatim*. Utah: Bantam Book.

Pines, A.M., (2000). Treating career burnout: A psychodynamic existential perspective. *Journal of Clinical Psychology*, 56, 633-642.

Pines, A.M. (2002). The female entrepreneur: Burnout treated using a psychodynamic existential approach. *Clinical Case Studies*, 1, 170-180.

Portnoy, D. (1999). Relatedness: Where humanistic and psychoanalytic psychotherapy converge. *Journal of Humanistic Psychology*, 39, 19-34.

Rachel, J. (1996). Ethnography: Practical implementation. In J.T.E.Richardson (ed). *Handbook of qualitative research methods*. Leicester: The British Psychological Society.

Rhee, D. (1990). The Tao, psychoanalysis and existential thought. *Psychotherapy and Psychosomatics*, 53, 21-27.

Roysircar, G. (2004). Child survivor of war: A case study. *Journal of Multicultural Counseling and Development*, 32, 168-179.

Rugala, S.A., & Waldo, M. (1998) An integration of existential psychology and the multimodal model. *Journal of Humanistic-Psychology*. Vol 38(4), 65-79.

Sartre, J-P. (1946). *Existentialism and humanism*. London: Methuen.

Sartre, J-P. (1958). *Being and nothingness*: London: Methuen & Co. Ltd.

Schneider (1956). *Image of the heart and the principle of synergy in the human mind*. New York: International University Press.

Schneider, K.J. (1998). Existential processes. In L.S.Greenberg., J.C.Watson., & Lietaer, G. (eds), *Handbook of experiential psychotherapy* (pp.103-120). New York: Guilford Press.

Schneider, K.J., & May, R. (1995). *The psychology of existence: An integrative clinical perspective*. New York: Mcgraw-Hill Book Company.

Schwartz, J. (1999). *Cassandra's daughter: A history of psychoanalysis*. New York: Viking.

Scott, M.J., & Dryden, W. (1996). The cognitive-behavioural paradigm. In R.Woolfe., & W.Dryden (eds), *Handbook of counselling psychology* (pp.156-179). London: Sage Publications.

Scott, M.J., Stradling, S.G., & Dryden, W. (1995). *Developing cognitive-behavioural counselling*. London: Sage Publications.

Seligman, M.E.P. (1975). *Helplessness: On depression, development and death*. San Francisco: Freeman.

Shalev, A.Y., Galai, T., & Eth, S. (1993). Levels of trauma: A multidimensional approach to the treatment of PTSD. *Psychiatry: Interpersonal and Biological Processes*, 56, 166-177.

Spinelli, E. (1989). *The interpreted world: An introduction to phenomenological psychology*. London: Sage Publications.

Spinelli, E. (1994). *Demystifying therapy*. London: Constable.

Spinelli, E. (1996). The existential-phenomenological paradigm. In R.Woolfe., & W.Dryden (eds), *Handbook of counselling psychology* (pp.180-200). Thousand Oaks: Sage Publications, Inc.

Spinelli, E. (2001). Psychosis: New experiential, systemic and cognitive-behavioral developments. *Journal of Contemporary Psychotherapy*, 31, 61-67.

Strasser, F., & Strasser, A. (1997). *Existential time-limited therapy*. Chichester: Wiley & Sons.

Szasz, T. (2005). What is existential therapy not? *Existential Analysis*, 16, 127-130.

Ticktin, S. (1997). Friendship, therapy, camaraderie – an existential approach to therapy with young people. In S.D Plock (ed), *Case studies in existential psychotherapy and counselling* (pp. 12-27). Chichester: John Wiley & Sons.

Toren, C. (1996). Ethnography: Theoretical background. In J.T.E.Richardson (ed). *Handbook of qualitative research methods*. Leicester: The British Psychological Society.

Young, J.E. (1990). *Cognitive therapy for personality disorders: A schema focussed approach*. Sarasota, FL: Professional Resource Exchange.

Young, J.E., & Beck, A.T. (1980). *Cognitive therapy scale rating manual*. Philadelphia: Centre for Cognitive Therapy, University of Pennsylvania.

Van Deurzen, E. (1998). *Paradox and passion in psychotherapy: An existential approach to therapy and counselling*. Chichester: John Wiley & Sons.

Van Deurzen, E. (1999). Existentialism and existential psychotherapy. In C Mace (ed), *Heart & Soul* (pp.215-235). London: Routledge.

Van Deurzen-Smith, E. (1984). Existential psychotherapy. In W.Dryden (ed), *Individual therapy in Britain*. London: Harper & Row.

Van Deurzen-Smith, E. (1988). *Existential counselling in practice*. London: Sage Publications.

Van Deurzen-Smith, E. (1997). *Everyday mysteries*. London: Routledge.

Van Deurzen, E., & Arnold-Baker, C. (2005). *Existential perspectives on human issues*. Basingstoke: Palgrave Macmillan.

Van Deurzen, E., & Kenward, R. (2005). *Dictionary of existential psychotherapy and counselling*. London: Sage Publications.

Velleman, R. (1991). Alcohol and drug problems. In W,Dryden & R.Rentoul (eds). *Adult clinical problems* (pp.138-170). London: Routledge.

Walsh, R.A., & McElwain, B. (2002). Existential psychotherapies. In D.J.Cain (ed), *Humanistic psychotherapies: Handbook of research and practice* (pp.253-278). Washington: American Psychological Association.

Watson, D.L., & Tharp, R.G. (1989). *Self-directed behavior: Self-modification for personal adjustment*. Pacific Grove, CA: Brooks/Cole.

Wilkes, R.S., & Milton, M. (2006). Being an existential therapist: An IPA study of existential therapists' experiences. *Existential Analysis*, 17.

Winnicott, D. (1958). *Collected papers: Through paediatrics to psychoanalysis*. London: Tavistock..

Wong, P.T.P. (1997) Meaning-centered counseling: A cognitive-behavioral approach to logotherapy. *International Forum for Logotherapy*, Vol 20(2), 85-94.

Yalom, I.D. (1980). *Existential psychotherapy*. New York: Basic Books.

Yalom, ID., & Bugental, J.F.T. (1997) Support in existential-humanistic psychotherapy. *Journal of Psychotherapy Integration*, Vol 7(2), 119-128.

